

THE MEDICAL AND SURGICAL REPORTER.

No. 1429.]

PHILADELPHIA, JULY 19, 1884.

[Vol. LI.—No. 3.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME REMARKS ON PUERPERAL FEVER FROM A COUNTRY PHYSICIAN'S STANDPOINT.

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Not with the expectation of adding to the facts we have so lately had placed before us (by the renowned New York gynecologists and others), but to make some statements in regard to the way the disease has impressed one who not only had an epidemic of this disease in his own field, but was, at the time of this epidemic, associated with three other physicians, the oldest of whom was a practitioner of thirty years' standing, having an immense experience in general practice, and especially in obstetrics, and so puerperal diseases; and, best of all, was a man of undoubted ability. These circumstances I relate only to impress the truth that, though a young M. D., I have had unusual opportunities to learn by sad experiences the errors into which one can fall, and also, by experiences and teachings of one whom, as a practitioner, I admire and trust, many very useful lessons. I do not know where, outside a hospital, one would be so likely to see so many cases—if an epidemic of this disease once started—than in the coal regions, where the births are numerous, the houses usually very poor, and the towns crowded.

One, also, has every opportunity to see how disease can be treated when city hospitals, appliances, etc., are not at hand. So much sarcasm has been displayed, and so much cynicism exists

in regard to the treatment of this and some other diseases, that to show from what standpoint I base my use of medicines, I will quote from an article I wrote on "Inflammation:"

"Let us start with the fact deeply impressed upon us that we have no specifics. That truth impressed upon some persons would seem to them to prove that the practice of medicine is an utter failure. To us it shows how necessary it is that the profession contain men who have power of keen observation, cool heads, self-confidence, and honesty of purpose.

"Do we ask of a pilot, in order that he be fitted for his duties, that, when the storm rages and the vessel is tossed about on the waves as if a block of wood—I say, do we ask of the pilot that he be able to say, 'peace, be still,' and there shall be a great calm. Only one being was ever able to do that. What we require is that he know well his course and how to conduct his vessel—if human power can—through the storm. So we can, with justice, demand of the physician; and as I have watched by the bedside of a struggling life, I have often thought how much more our responsibility is than if we could give a drug and see health immediately return. Shall I stimulate or shall I depress? What does this pulse indicate? How can I best subdue this inflammation?"

These, and kindred questions, present themselves to every intelligent physician, and on the correct answering of them often depends a life. But to return to our subject.

City physicians have so many conveniences, and are surrounded by all the latest improvements, which they can secure at a moment's notice, also

trained nurses fitted for any emergency during the doctor's absence, that they but little realize to what straits we, who live in the country and smaller places, are often put. And the treatment they demand is often utterly beyond the country brother's resources to follow out. The result might be that on reading of the successful treatment of some disease by a city physician, and knowing that neither time or appliances are at his disposal, I say, it might be that our country brother should become discouraged or dispirited, because he could not, as he imagined, do justice to his patients.

Let me illustrate: In an article on treatment of puerperal fever, by one of the leading specialists on women's diseases, the following, among others, rules were given: "The frequency of the injections (intra-uterine) should vary according to the severity of the disease. In mild cases, one every five hours is sufficient. In others, injections should be repeated every three hours, and in bad cases every hour." Now, all who know anything about country physicians, know that two visits a day demand a heavy strain upon them, how then could he observe these rules? Nevertheless, I know it is a recognized fact, that few people receive better, more faithful and conscientious attendance than is given by a true country physician, as I was impressed while with them.

As regards prophylaxis in mining towns, the room, as far as furniture is concerned, is very often thoroughly fitted for a lying-in chamber, in that it is cleared of all upholstery except what is needed. The nurse is generally the next door neighbor, although in an emergency good nurses can often be procured. Both nurse and doctor are usually called during the third stage of labor. Attention to antiseptic cleansing of hands and instruments of the physician appeals to the common sense of every reasonable practitioner. I see it recommended that "ergot should be administered after birth, and kept up in moderate doses three times a day for at least a week."

The use of ergot during the prevalence of this disease, unless absolutely necessary, I have abandoned. Early in my experience I was impressed with the fact that such tonic contraction of the uterus was caused by this drug as to tend to retention of the discharge, and thus add fuel to the flame; and my convictions were strengthened by the fact being impressed upon me by Dr. W., without previous acknowledgment to him of my suspicions. It may be prejudice, but I am convinced that those cases I refrained from giving ergot to were less formidable in their symptoms.

The women were usually robust, and may not, therefore, need the treatment which is called for in city practice.

Laying aside all arguments as to what puerperal fever is, let me only state what I know of the treatment. I am convinced that marked benefit follows antiseptic vaginal injection, and two of my cases (the only ones lost during the epidemic) impressed me with the necessity of absorbing such advice as Dr. Thomas gives in the following words: "The physician must now decide whether, in his opinion, the septic disease which is developing has originated in the wounds situated between the os internum uteri and the vulva, or in the endometrium above the former point. If he decide in favor of the former view, he should persist for a time longer in the more thorough use of vaginal injections; if of the latter, intra-uterine injections should be at once resorted to. Usually the question has to be decided by the efficacy or inefficacy of frequent germicidal vaginal injections in bringing down the temperature and controlling other grave symptoms."

Vaginal injections can be made by simply slipping a bed pan under the patient, and using a Davidson syringe, thus preventing all unnecessary movements on the part of the patient in order to move her to the edge of the bed. Frequently, and in all my cases, either metritis, cellulitis, or peritonitis, and sometimes pleurisy, developed early, and at once flaxseed poultices were resorted to, and were continued until pain and tenderness had disappeared, or the weight of the poultice, together with the heat, were objectionable to a now prostrated patient, when turpentine stupes took their place.

I would like here to say a few words about venesection, as your journal has had several enthusiastic articles appear in it lately favoring this mode of treatment in sthenic inflammations. Neither in this disease (though of a sthenic type), nor in pneumonia, or others of like character, have I ever had reason to regret the withholding of the lancet. Nor have I seen it used by any of my associates. Prompt use of heat, in the shape of flaxseed poultices, *properly made and applied*, together with aconite, bromide of potassium, and opium, have had such effect as to warrant my trust in them.

But besides antiseptic local treatment, in puerperal fever, we have the general system to look after. We have a patient laboring (often) under intense pain, incompressible, rapid pulse, very high temperature—which, of itself, is capable of doing immense damage, if allowed undisputed

sway. Where a high temperature, with an incompressible pulse, exists, a combination of aconite and bromide of potassium will be found efficacious:

R. Ext. aconit. fl.,	gtt. xxiv to lxxii.	
Potass. brom.,		ss.
Aque,		iv.
Spts. lavand. comp.,		ss.
M. Sig.—Tablespoonful every two hours.		

It will be seen by the above that as much as six drops of the fluid extract of aconite is given every two hours, which same I have continued thirty-six hours with beneficial results, and have yet to see any deleterious effects from such heroic doses.

Bromide of potassium may be used as a febrifuge; if so, I do not see it advocated by the works on therapeutics, but long and continued use of it has convinced me of its efficiency; so much so, that in young children I seldom use anything else. It may be that its action is due to direct effect on the circulation, or by its quieting power over the nervous system, or these actions may be combined.

To relieve pain, opium (if there is no tendency to diarrhœa), combined with pilule hydrarg., is given every hour till pain is relieved. Should diarrhœa exist or set in, then a combination of opium, bismuth, and cinnamon, does good service. For the first stage, then, aconite and bromide of potassium every two hours—in doses indicated; poultices (flaxseed) every two hours; milk and (if nausea), lime-water, every two hours. I have seen stomachs completely upset by allowing them, where large amounts of nourishment were taken at one time, to drink milk whenever they desired to quench their thirst. Regularity in giving nourishment in disease is as necessary as in health. Of course, I say here every two hours, for in the first stage I have usually found digestion good.

And last, but not least, antiseptic injections morning and evening (time of visits).

I have often had the gratification of seeing a temperature fall from 104½° or 105° to 103° or 102°, and kept there. Pain relieved, pulse made compressible, tongue and skin become moist, thirst quenched, and rest, where, a few hours before, there had been agony. But in the course of the disease the time comes when aconite is contra-indicated and digitalis should take its place. It is also at this time that quinine seems to exert its greatest power. Having been taught to withhold quinine during the first stage of any sthenic inflammation and use it only after relaxation had been produced, I have seen such good effects of

such treatment that I now pursue it regularly. The exciting qualities of quinine apparently add to the already agitated condition (of the first stage), and its tonic properties prevent that relaxation of system which we strive, by cardiac and other depressants, to produce. But let the pulse once become compressible, the skin moist, the brain quiet, and the whole system calmed, and then we see the opportunity to give our invaluable drug.

It may be, and usually is, the case that other stimulants are called for and brandy with milk, or if nausea exists, with milk and lime water, will often succeed in tiding a patient over what would otherwise have been collapse and death. No new drugs are here mentioned nor specifics lauded; but with proper handling of our well known medicines, we often are gratified by seeing marked results. In the epidemic of which I have written, in my own field two patients died. The one was on the road to recovery, but sat up in a chair the first day her temperature was normal, and also extended her diet. The evening of the same day her temperature rose up to 106°. Inside of forty-eight hours it was reduced to 102°. She died in about ten days, a pyæmic abscess forming in the right iliac region.

I have before remarked that my cases presented signs of cellulitis or peritonitis among the initiatory symptoms and that they were sthenic in their character. It may be that this will strike some physicians as rather peculiar. One author, writing on this subject, says: "But puerperal fever with peritoneal lesions may attack the patient after the most favorable delivery and without any obvious cause. Then the symptoms of the disease show that it has a special character, for in the puerperal fever, with peritoneal lesion, the symptoms of the first stage of peritonitis are generally absent; the peritoneal symptoms are those of the second stage, or of collapse, as for example, there is very frequently diarrhœa instead of obstinate constipation."

But another writer remarks: "The more, indeed, do we study the history of puerperal fever, the more prominently does the fact stand out that the type of the disease has varied much during the last hundred years; and that while, in one epidemic, the sthenic or inflammatory nature of the symptoms has been such as to warrant the boldest antiphlogistic treatment, in another, the asthenic type has prevailed from the first, when stimulating treatment has alone been attended with success."

"It is quite clear, however, that during the

last forty years the type of puerperal fever has been usually, although not invariably, asthenic or adynamic."

I know that the description of my cases will lead one to see that they were of the sthenic type. Whether this be due to the character of the epidemic, the unusually bracing and invigorating atmosphere of the mountains, or to the fact that the patients were of robust constitutions, or to all these combined, is a question. But though our cases differ from those generally seen, especially in the cities, may I hope that your pages are not taken up by useless material in thus occupying them by trying to give a glimpse of our treatment in the mountains, of this serious and prevalent disease.

PUERPERAL ECLAMPSIA.

BY WALTER H. PARCELS, M. D.,
Of Lewistown, Pa.

I was called about two o'clock on Sunday morning, April 6, 1884, to attend in confinement Mrs. S., aged a trifle less than seventeen years. I found the presentation normal, os uteri dilatable, head not yet engaged in the superior strait. The uterine contractions, which were mild at first, increased gradually in force and frequency, the os uteri dilated, the head descended; I mentally estimated the completion of labor by daylight. The woman was in hopeful spirits, complaining once or twice of a slight headache only; but as the pulse was normal or nearly so, and the face not flushed, to me the case seemed to be going along as regularly and as merrily as the chimes of a marriage bell. About five o'clock, however, she was seized with a *convulsion*, which was epileptiform in character, and came as unheralded as a lightning stroke from a clear sky. The convulsion lasted probably three minutes, leaving her in a semi-comatose condition. The child's head was now pressing upon the perineum, and needed only a few more pains for its delivery. Another convulsion followed a few moments later, and the woman became entirely unconscious, and all uterine contractions ceased.

The pulse became full and frequent. I immediately took about a quart of blood from the arm. Instrumental delivery at once, was my opinion, as to the next step to be taken; but as a consultation seemed desirable, I waited a little for the arrival of my friend, Dr. Sheaffer, who came within an hour, controlling the convulsions in the meantime with chloroform. The spasms recurred about every twenty minutes, the woman at no time regaining

consciousness. On the arrival of Dr. S., I immediately delivered with forceps, the child being born alive, though it died thirty-eight hours afterwards.

We continued the chloroform treatment for possibly an hour, but the convulsions persistently returned. We then used hypodermically about a half grain of morphia, nearly the same dose being repeated about three-quarters of an hour later. The convulsions now became less violent and much less frequent, one interval being at least an hour and a half, when there was a slight *promise* of returning consciousness. As the effects of the morphia began to subside, the convulsions returned as badly as ever. About twelve hours after the morphia had been first used, nearly a grain was again hypodermically injected, the convulsions ceasing within an hour, not to return.

Whenever the patient could swallow, she was given bromide of potassium in large doses. After the cessation of the convulsions she remained in a semi-comatose condition for about thirty hours, when, awakening apparently from a sleep, she recognized her friends.

I should have added that she was kept under the influence of morphia for about twenty-four hours after the spasms had ceased to recur. The first urine that we could get was tested, and found to be, in bulk, nearly one-fourth albumen.

From this time on the case progressed well. Repeated examinations of the urine showed a gradual decrease of the albumen, which disappeared entirely in about ten days. During this time, tablespoonful doses, three times a day, of Basham's mixture were substituted for the bromide.

My object in detailing this case is to call attention to the apparent superiority of the morphia treatment over the usual modes. What is the condition of affairs which gives rise to the convulsions in puerperal eclampsia? The accoucheur takes command of the obstetrical case, the way is clear, he thinks himself marching bravely on to victory, and toward new fields of conquest, when suddenly he encounters a "lion in the way." He must act at once, time is precious. Are these convulsions hysterical? Do they depend upon a sudden determination of blood to the head, congestive apoplexy? May there be a condition of uremia, and these convulsions be the result of a toxic agent acting upon the brain? In my opinion, nearly all the very serious cases are of this last variety. How, then, shall we proceed? Venesection is certainly the first indication. In a discussion of this subject, which I heard some years ago, a physician took the ground, that as the

blood in its poisoned state is the cause, we should get rid of as much of it as possible. "Yes," said another, whose sense of humor was always uppermost, "let us take it all out, *boil* it, and pump it back again."

The proposition to bleed freely is certainly based upon a sound theory. If it be true that the poisoned blood, coming in contact with the nerve centres, is the sole cause of the convulsions, is it not true that the injurious effect will be in proportion to the amount of said blood? Though "the blood is the life," we must lessen it, for it contains in this instance, carefully concealed, the seeds of death. Venesection performed, what next? What is the pathological condition of the kidneys? Is the case one of chronic Bright's disease? It may be, and if so, death will probably claim his own sooner or later, no matter what our treatment may be. Are the kidneys inflamed? Possibly so; but probably they are only congested as the result of pressure of the gravid uterus. The indication, then, is to remove this pressure as speedily as possible, and nature, even unaided by art, will do much toward restoring the normal condition of the kidneys. If we can, we must deliver at once. What next? Control the convulsions with some agent which will partially paralyze the nerve-centres, and wait for the urea to be eliminated from the blood. For years chloroform has been, at this stage of the case, the standard remedy for controlling the convulsions. Why rely upon chloroform? Anæsthesia, unless the inhalations are repeated, will be temporary only, and the convulsions will return. The effects of morphia will continue for a period of from eight to twelve hours. Is there a better treatment than this? Uræmia as a cause of puerperal eclampsia was first recognized only about thirty years ago. The onward march of science is irresistible. The future may produce a remedy which will act like a talisman. Will transfusion be the strong arm which will be reached forth to save these unfortunate women? Will the poisoned blood be drawn off and blood from the arm of a healthy person be substituted? Or, better yet, will a drug be discovered which, being used hypodermically, will render urea inert and harmless?

TREATMENT OF INEBRIETY.

BY T. D. CROTHERS, M. D.,

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Having separated the patient from all bad and unsanitary surroundings, and taken alcohol from him, the question of medical treatment that will

build up and strengthen the organism comes up prominently.

This will vary largely with the condition and history of the case. It should be remembered that nearly every organ of the body will exhibit signs of derangement, functional and organic symptoms of every grade and description will appear and disappear like shadows. The treatment should begin with inquiry as to syphilis. If any suspicion of this affection can be traced, bichloride of mercury or the iodide of potassium must be combined with tonics for a sufficient length of time to get full constitutional effects. This is to be followed by small increasing doses of Fowler's solution, taken with great regularity for months.

For the insomnia and spinal reflexes so common during the first few weeks, a preparation which is very finely prepared by Park Davis & Co., Detroit, has been found of great value. It is as follows: in each fluid ounce are, 25 chloral hydrate, 25 potassium bromide, 50 minims fl. ext. gelsemium, 40 minims tinct. opium. Of this take a teaspoonful every hour until relieved, or a tablespoonful at bedtime. Where danger exists of the patient continuing the use of opium, hyoscyamus in the same proportion may be substituted for the opium. This mixture can be given for the first two weeks, and should be alternated with single doses of chloral, bromide of sodium, and extract of lupulin, given in much larger doses than laid down in the books. The Faradic current will be found of great value in some cases as a hypnotic, and should always be used or tried to test its value. In some cases it is injurious, and cannot be given. Tinct. gentian and acid phosphate are found to be excellent tonics given in water before eating.

Where well marked congestion of the liver and kidneys exist, saline mixtures or waters are found very useful, taken in the morning before eating. A good mixture of this kind is bitartrate of potassium, and potassii et sodii tartrata, in equal parts, one-half an ounce at a dose, every day or alternate days.

Where evidence of great nerve and brain disturbance exists, strychnia in some form is found to be of great advantage. Given in doses from one-eighth to one-sixth of a grain, twice or three times a day for two weeks, then alternate with tincture of iron, twenty drop doses, three times a day for the same length of time.

Of hypnotics, after the first few weeks, the mildest of this class should always be used, for in many instances they will be found more effectual than the stronger ones. Hydrate of chloral is

not a safe or reliable narcotic in many cases. The functional and organic heart troubles so common in this class, make it a dangerous remedy. Bromide of sodium is not without danger, and should be given in large doses for short periods, and then withdrawn, and be followed by some preparation of strychnia. Horsford's acid phosphate has a great value in many cases, and should be used always where it can be obtained. It will be found advantageous to vary the tonics and narcotics frequently, after the first few weeks, and often give nothing but mental remedies, such as sweetened water and other harmless compounds for several days. After this the effect of tonics seem to be more marked. Preparations of cinchona and gentian, or any of the simple bitters, cannot be used long without causing an inordinate appetite and consequent derangement of the digestive organs.

Hence, iron, arsenic, and strychnia, are to be preferred. Tinctures of any form are to be avoided, as in most cases an almost inappreciable amount of alcohol will be felt by the patient, and rouse up an insane impulse that can with difficulty be controlled. Frequent baths and nutrients, regulated diet, and resting in bed, are also of great importance.

The medical treatment of inebriety should always be based on the fact that the patient is profoundly degenerated, both physiologically and psychologically. No matter what the appearance, or his pretensions to health may be, no specific remedy will ever be found.

For the drink paroxysm of the dipsomaniac, morphia, concealed in large doses of extract of lupulin, is often of great value. Where morphia can not be used with safety, cannabis indica can be substituted. But the Faradic current, hot baths, and strong nutrients, should always be used. The value of medicines in these cases should be studied with care and watchfulness. Collapse from heart failure, hemorrhage in the brain, sudden inflammatory action, paralysis, etc., are likely to come on any moment, and the line of treatment must change accordingly. Each case should be studied by itself, and receive the best therapeutic skill possible. All routine treatment will fail, and the study of the physician should be to find the best general tonics, and the mildest sedatives that can be used in conjunction with various other means to restore and build up the weakened, diseased, and perverted organism.

—Dr. Wood, the inventor of the hypodermic syringe, died recently at his home in Edinburgh.

ON THE TREATMENT OF MEMBRANOUS CROUP.*

BY R. W. HUTCHISON, M. D., M. R. C. S.,
Of Queens County, N. Y.

The most interesting part of the subject to us, as practicing physicians, is to ascertain what is the most successful plan of treatment to adopt in pseudo-membranous croup—the plan that will enable us to save the most lives.

If we look at statistics, we discover that the mortality is literally frightful; it is generally set down in works on medicine as 19 in 20! And looking over the cases that I have seen during the last twenty-five years, both in my own practice and that of others, I think I may truly say that up to a very recent date, that statement is not exaggerated.

Of course, there are many reasons to account for so great a fatality: 1. And the chief one, probably, is the fact that the friends do not fully appreciate the danger, so that the patient is very often moribund before medical aid is obtained. 2. Another reason for the high mortality in pseudo-membranous croup is that the remedies generally used are too depressing—too much reliance being placed on emetics. Viewing the ailment in a different light from that in which it is generally viewed, looking at it, in fact, as a kin of diphtheria, if not the actual disease itself, and using a more tonic and supporting plan of treatment, we ascertain that life is more often prolonged, and the physician thus enabled to combat more successfully against the local phenomenon, which is generally the immediate cause of death. 3. Another cause of the great mortality of pseudo-membranous croup is that at the present we know of no remedy that will prevent the formation of the membrane, or rapidly dissolve it when formed. True, various medicines have been used, both locally and internally, with that object in view, such, for instance, as mercury, iodine, bromine, lactic acid, calcium, etc.; some of which may be set down as harmful, while others as operating too slowly.

I have tried almost everything I have seen recommended, except lactic acid, and in my hands most of them have proved failures. I have very little confidence, therefore, in the internal remedies that I have tried, except, perhaps, copaiba, guaiacum, and benzoate of soda, with which, in addition to the inhalation of lime-water, I have saved about half the cases that I attended during

* Abstract of a paper read before the Queens County (N. Y.) Medical Society.

the last few years. I think, for the present, we must rely more on local remedies, applied by means of one of the various apparatus in use to atomize liquids. This must be resorted to almost uninterruptedly day and night until the symptoms show a disposition to yield, and then less frequently. The room in which the patient lives should, moreover, be kept saturated with steam. I have generally advised an open vessel to be kept boiling with lime-water. I think this gives more relief than the simple steam; so that it is possible that the lime has a dissolving action on the membrane. 4. Another reason why diphtheritic croup is so fatal is that when it comes to the last, when it becomes apparent to all that the little sufferer is actually strangling to death, and must soon cease to live unless some relief be afforded, the medical attendant stands by, or more often leaves the sick room, and thus allows grim death to gain the victory without making one more effort, even though it called for the use of the knife. But very often the physician proposes tracheotomy, and strongly urges it; but the friends are obdurate. "No," they say, "I would rather that the child should die than to have its throat cut." So that between the two, the timidity of the medical attendant and the impossibility of obtaining the consent of the friends, we hardly ever hear of tracheotomy in the country. Indeed, I very much doubt whether one physician in three has ever seen the operation performed. And if an inexperienced surgeon should consult almost any work on surgery with the view of obtaining a more accurate knowledge of the subject, he is almost sure to relinquish the idea of making his first attempt, from the numerous frightful stories that are there depicted in detail.

HOSPITAL REPORTS.

CLINIC OF OPHTHALMIC DISEASES, HOTEL
DIEU, PARIS.

LECTURE BY PROFESSOR PANNU'S,

On Revulsion in Inflammatory Affections of the Eye.

GENTLEMEN: Two patients are before you for consideration to-day; one has been suffering from keratitis, the other from irido-choroiditis of an obstinate kind. In both these cases the revulsive method of treatment has been of singular efficacy, all internal remedies having failed.

The first patient, whom you saw at the last clinic, and who now presents himself before you, that you may be witnesses of the very marked improvement which has taken place in his pathological condition, has long been laid up by a

very painful inflammation of the cornea, with intense photophobia; the application of the actual cautery to his temples has caused the pain entirely to disappear, and has apparently arrested the inflammatory process.

The second patient has been treated by the potential cautery (*i. e.*, by an issue) to the temporal region. This patient, affected several years ago by irido-choroiditis of the left eye, was treated for a long time by one of my colleagues, but without benefit. An iridectomy became necessary on account of the numerous adhesions which formed. Despite this operation, amblyopia persisted, and a morbid condition of the vitreous remained.

A short time since this patient consulted me about her right eye, which was suffering from the same series of symptoms which had characterized the onset of the disease in the left eye. The surgeon who had treated her before was urging her to submit at once to iridectomy, in order to arrest the lesions of irido-choroiditis at their commencement. It did not seem to me advisable then to resort to so radical an operation, and, as some of you are aware, various other measures were adopted; iodide of potassium and mercurials were given, then we tried sudorifics, quinine, and salicylate of sodium. Vapor douches, compresses (hot and cold), instillations of atropine, then of eserine, were all employed without success; we even punctured the anterior chamber, we kept the patient in total darkness, and yet all without result. At the end of two months of fruitless endeavors to benefit the poor patient, the photophobia, the lachrymation remained the same, the redness of the eyeball had not diminished, though happily the movements of the pupil were conserved, and there was perfect dilatability. Not being willing to practice iridectomy for a healthy iris where there were no adhesions, I determined to try the effect of an issue over the temporal region in the vicinity of the affected eye.

During the first three or four days after the establishment of the issue, but little change was noted; only the pains had somewhat abated; from the fourth day, however, after the separation of the eschar and the commencement of suppuration, there was a remarkable arrest of the inflammatory symptoms, and the photophobia disappeared. All internal treatment was stopped; the atropine drops were continued. The sore was kept open by binding in a pea, which was kept in place for six weeks, and to-day the patient is perfectly well. You remark at the upper part of the cornea a crescentic zone of sclerosis, which is all that remains to show that the disease existed.

This means of revulsion, which succeeded so well in this case, has rendered me the greatest service in my hospital practice. We have an instance in point in A. B., Ward H, a victim of intemperance, who came here with keratitis attended with hypopion and ulcers of the cornea. The cautery arrested the march of the disease, and to-day he is fairly convalescent.

I exhort you, then, to have faith in revulsion, but the revulsion must be done thoroughly. Whether you use the actual or potential cautery, it must be made to penetrate deeply the subcutaneous cellular tissue and provoke suppuration. This is a practice of ancient date, which has been too much abandoned these modern times. The

application of the cantery may be made to the temple, where it may be concealed by the hair, or to the mastoid region.

I cannot advise the use of irritant caustic injections, as of nitrate of silver, or corrosive sublimate, advised by some surgeons, for it is hard to manage the effect of these injections, and troublesome erysipelatous inflammation may result. Nor is the seton by any means as efficacious as the cautery.

If you resort to the cautery, you may use punctiform cauterizations made by galvanism; the hot iron (which is the old-fashioned method), or the potential cautery, produced by some strong caustic, as Vienna paste. You first apply the caustic and produce an eschar; then when the slough is separated, you fasten between the lips of the sore a pea or some other foreign body, and keep up a long suppuration.

Punctiform cauterization and vassicatories fail completely in the inflammatory period of the malady, while remedial in later periods, when the pain is severe, and when tendencies to abatement of the malady are seen. Then it is the most powerful means of precipitating a cure, and of combating certain obstinate neuralgias which persist after the inflammatory redness has disappeared. The suppurating cautery is an excellent means of combating the development of ophthalmias in the inflammatory period, and it was by accident that its efficacious action was demonstrated to me. While directing the service of syphilitic eye affections at the Hospital Midi, I had a patient affected with syphilitic iritis, of a sub-acute kind, with atrocious neuralgic pains. The regular treatment was instituted, but nothing seemed to help the severe pains, and I had to resort to repeated morphine injections, which alone gave relief. I used to prick the morphine into the temple every morning, when one day, by mistake, the syringe was charged with a ten per cent. solution of nitrate of silver. The patient uttered a terrible shriek, and almost immediately the symptoms of sphacelus and inflammation commenced. A severe phlegmonous swelling resulted. Poulitices were found necessary, and there was soon quite a profuse suppuration. The cellular tissue mortified, and was eliminated, and there was an exfoliation of the aponeurosis covering the temporal bone, flakes of this aponeurosis coming away in the discharge. The fact to note is, that with the establishment of these inflammatory accidents provoked by the injection, we saw rapidly disappear all the eye symptoms which previously tormented the patient. The pain, the photophobia, the lachrymation, ceased, the ocular injection went away, and the recovery was prompt and thorough, without any synechia.

In a similar case which came under my observation in the Hotel Dieu, a violent rheumatic iritis disappeared rapidly on the development of facial erysipelas which invaded the sub-cutaneous cellular tissue.

Despite the good results which attended my accidental injection of nitrate of silver, I cannot advise you to resort to this means in your practice, for the issue will give you equally good results, without the same risk.

MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

A regular meeting of this society was held on the 16th inst. (June), when a number of important papers were presented. The first was by Dr. Wm. E. Quine,

On the Significance of Jaundice in Diagnosis.

The following brief synopsis and summary of which is here appended:

After alluding to jaundice of obstructive and non-obstructive origin, and to the various theories that have been advanced in explanation of the latter, the writer succinctly pointed out that the attendant symptoms were mostly due to the presence of colorless bile acids, the bile pigment being harmless. Cerebral disturbance, due to hepatic derangement, and associated with cholemia, was not caused by the presence of normal bile, but by a different though unexplained species of toxæmia. Although slight jaundice is often overlooked, and in some instances cannot be distinguished from cachexia, except by the discovery of bile acids in the urine. The diagnosis usually relates to the discovery of the cause, and not to the mere recognition of the effect. Seventeen main points of the paper are mentioned:

1. Jaundice occurring suddenly, in apparent health and painlessly, is usually of emotional origin and transitory.

2. When it depends on disease or injury of the brain, acute atrophy of the liver, snake poison, or an infectious fever, it is always associated with mental disturbance.

3. If it be attended with fever, and well marked, it is secondary to inflammation of biliary passages, pneumonia, toxæmia, or infective inflammation of the portal vein.

4. If it occur suddenly, and is preceded by paroxysmal pain and vomiting, it is caused, nine times out of ten, by biliary calculi.

5. If it is preceded by typical symptoms of gastro-duodenitis, it is obviously of catarrhal origin.

6. Impassably, obstruction of the common duct is shown by great intensity of jaundice, clay-colored stools, and, in recent cases, by distension of the gall bladder.

7. Jaundice caused by sudden obstruction of the biliary passages is always associated with paroxysmal pain and nausea, but there is no means of ascertaining the nature of the obstructing body, except its discovery in the stools.

8. In rare cases of sudden obstruction by cancerous, hydatid, and aneurismal tumors, there is almost always a history of impaired health, enlargement and deformity of the liver, ascites, etc., which, aided by the revelations of physical explorations, will lead to correct differentiation.

9. Sudden return of normal coloring to faces confirms the diagnosis of obstruction.

10. Occlusion of the cystic duct may be attended with as much pain, nausea, and distension of the gall bladder, as occlusion of the common duct, but there is no jaundice. In occlusion of the hepatic duct, the same symptoms are present, including jaundice and excluding distension of the gall bladder. It is impossible to distinguish between occlusion of the hepatic and the common duct.

The former is rare, because the duct increases in size from above downwards.

11. If jaundice persist after the symptoms of biliary colic or catarrhal inflammation have a month since disappeared, or if jaundice have disappeared after a biliary colic, to return slowly and painlessly, it may be assumed that stricture of the duct has resulted from inflammatory thickening, adhesion of walls, or cicatrization of an ulcer.

12. A history of repeated attacks points to the probability of gall-stones.

13. If jaundice come on slowly, without antecedent colic or catarrh, and without attendant evidence of impaired health or portal obstruction, it is probably caused either by pressure upon the duct, or by the growth of a tumor within its walls. The pressing body, when large enough, may be readily appreciated, as in the case of pregnancy, ovarian tumor, aneurism, distended colon, etc.; but when it is small, or constituted by enlargement of lymphatics in the fissure of the liver, it is apt to escape detection.

14. Slight but persistent jaundice may be due to incomplete occlusion of the common duct, or to complete occlusion of a branch of the hepatic, but usually it is found associated with either valvular disease of the heart, some disease of the lungs which obstructs circulation, or cirrhosis of the liver.

15. If ascites be associated with it, the disease is either cirrhosis or cancer of the liver. If the liver be abnormally small, the disease is cirrhosis; if it be large, the disease is either hypertrophic cirrhosis or cancer. Differentiation between the two is seldom attended with difficulty.

16. Absence of jaundice does not imply absence of hepatic disease, since the liver may be destroyed by disease, or extirpated by operation, without jaundice ensuing.

17. It is not a prominent symptom of hepatitis, if catarrhal inflammation of biliary passages be rigidly excluded. It is not characteristic of hepatic abscess, when, at most, mere muddiness of the complexion is usually seen. These affections are rare in temperate latitudes, and when encountered are generally found to be secondary to direct injury of the liver, or to infective inflammation of the portal veins. It is not a symptom of waxy or fatty liver, or of hydatids, excepting as an extraordinary complication.

Discussion was participated in by

Dr. G. C. Paoli: Sometimes in grave maladies such as schirrus of the liver, very little icterus oftentimes is present, so that a mere tint only of pigment may be noticed in the skin. Many times, no doubt, there may be serious disturbance going on in the liver, and we will notice a yellow condition of the conjunctiva; yet we pass it by as something of slight consequence.

Dr. S. H. Stevenson inquired if cholesterine and the obstruction of the gall duct would produce toxic effects upon the brain, or other cerebral disturbance?

Dr. A. R. Jackson expressed his admiration of the paper—it was a paper, he thought, to commend to others, and that we should emulate it. It was full of many interesting points, and devoid of superfluous verbiage (padding, as he styled it).

Dr. J. H. Etheridge inquired if during mental

emotion a patient might not greatly become jaundiced? Also, is it not a fact that in pigmentary substances there may not be more than one kind of coloring matter? Also, in those hurt or injured after reaction, if jaundice comes on, is it due to the shock to the nervous system or through the vascular system?

Dr. J. J. M. Angear stated: "Physiology says bile destroys the red corpuscles of the blood; others state that the coloring matter of bile is nothing more than the coloring matter of the blood. Why not, then, take the hypothesis, that when the conjunctiva and mucous membranes become discolored, that it is due to a poison entering the blood? In clay stools, 'tis said, if they come from the large intestine, that the odor comes from here also, and yet to give mercury produces dark, offensive stools, because it acts upon the liver."

Dr. Quine closed by stating it has not been proven that bile is toxic, or that it produces cerebral disturbance. The blood and secretions may be saturated with bile for years, and there is no cerebral disturbance as a result from it. In obstruction of the common duct there is no phenomena developed of cerebral disturbance. Some of the questions propounded he could not answer, nor did he know where to direct the members to look for the necessary information.

This was followed by Dr. G. F. Hawley, who read an interesting thesis on

The Effect of Noises upon Certain Forms of Deafness.

More than two hundred years ago Dr. Thomas Willis, of Amsterdam, described a certain form of deafness in which hearing was improved by noise, enabling persons to distinguish tones and sentences which at other times would be unheard. This symptom, bearing the name of Paracussis Willisiana, has been accepted by most aurists, but no satisfactory explanation as to its cause has been advanced. While Politzer, von Trolsch, and others, consider that it depends upon some change in the position of the ossicles or membrana tympani, many, like Krama, take different views, and believe that it is due to a stimulating of the auditory nerve, thus forcing it to a more healthy action. Experience favors the theory that the middle ear is the seat of this symptom, that some change is brought about by the constant noise which restores the hearing for the time being. What this change is is still open to discussion. It may be of interest to relate the following case which came under my observation while house-surgeon at the Golden Square Hospital, London: Mrs. H., aged thirty, had, for the last five years, suffered with marked deafness in both ears. Common conversation was heard with difficulty, except when any loud noise was present. At that time the hearing, apparently, was greatly improved. A watch could be heard on the left side only upon contact, and on the right at a distance of about two inches. The tuning-fork showed no trouble of the acoustic nerve, but clearly indicated some disturbance of the middle ear. The drum-head was normal as to tension, color, etc., while perfect movability existed in the malleo-incudal joint. Nothing indicated ankylosis of any of the ossicles. The appearance of the throat

was healthy, and the Eustachian tubes both patent. This is a good example of this form of deafness in which the symptoms of hearing in a noise manifests itself. Roosa, however, mentions two cases where the drum-head was more or less destroyed, and still noises improved the hearing. The ossicles in both cases were intact. Politzer, in his work on aural surgery, states that this improvement is seen only in middle ear affections of an adhesive or sclerotic character, and regards it as a most unfavorable symptom for satisfactory prognosis. Roosa, on the contrary, states that it is found in many forms of ear affections, and does not necessarily forbid one from expecting favorable results from treatment. In his article on "The Effects of Noises Upon Diseased and Healthy Ears," he says: "I have known two cases where this symptom occurred in patients who regained their hearing perfectly. While the symptom frequently accompanies incurable diseases of the middle ear, I believe it is a very frequent symptom in subacute cases, where both ears are affected. Of course, it would not be observed in disease of one ear only. Whatever may be the cause of this symptom, we are justified, the writer thinks, in believing that certain pathological changes are then present in the middle ear, which will be found at no other time. If this be true, in what does the change exist? Willis considered the change brought about by the action of strong wave tone upon a relaxed membrana tympani to be the cause of this symptom. As long as the drum-head is in a relaxed condition, it refuses to respond fully to wave impressions. It is no longer a perfect sound conductor until its tension is restored. Noises, by forcing air against the membrane, press it inward, restore its tension, and hearing is improved until the pressure is removed, when deafness returns as bad as ever. If this improvement was found only in such cases as he describes, we might accept his theory as correct; but unfortunately, as already stated by the writer of this paper, it is present with no change whatsoever in the drum-head. Therefore, in such cases at least, this improvement in hearing is due to some other cause. We have in the middle ear two other elastic membranes, one of which taking as important a part in conveying wave impressions as the membrana tympani, any change by disease or injury would be fully as disastrous to normal hearing, *i. e.*, the writer means the membrane of the foramen ovale. When we consider the extraordinary fine shades of vibrations transmitted by this membrane to the fluids of the labyrinth, are we not justified in expecting that any loss of accuracy and precision on the part of the transmitting apparatus at this point will cause a corresponding loss of hearing power? According to Riesmann, the excursions of the stapes in the fainter tones are so small as to escape detection, even with the highest power of the microscope. Therefore a corresponding sensitiveness on the part of the membrane must necessarily be present, in order to appreciate and transmit these vibrations. Thus we see that any change in the membrana ovale which tends to hinder the passage of the vibrations to the fluids in the inner ear must cause diminution in hearing. If, then, the membrane from any cause becomes relaxed and loses

the power of responding to vibrations, it acts no longer as a sound conductor, but as a damper to any wave impressions. This is demonstrated in the case of relaxed drumheads where inflation improves the hearing. Not only must this elastic plate (so called by Politzer) be capable of responding fully to any wave impulse, but it must also bear a certain relation to the foot of the stapes, *i. e.*, a due amount of pressure must be applied by the stirrup, and a sufficient resistance be offered in every ear that possesses perfect hearing. If this is lost, deafness is the result. Chronic suppurative inflammation of the middle ear, with destruction of drum-head, incus, and malleus, is a proof of the correctness of this statement. Hearing is here frequently improved by a false drum-head, which presses the loose stapes against the membrane of the foramen ovale, thereby restoring the relative positions of the parts. In a relaxed membrane, the pressure of the stapes is wanting, due to an absence of resistance in the diseased membrane itself. Until we find some means of restoring this needed resistance, deafness remains. Thus, through the loss of elasticity in this membrane we lose two important factors for perfect hearing. First, this membrane, like the membrana tympani, while relaxed, refuses to act as a conductor of sound by not responding to vibrations given it; and second, the proper relation between it and the stapes is destroyed, the necessary pressure and resistance being absent. We find in the case of an atrophied drum-head that hearing is frequently improved by inflating the middle ear, which restores the tension to this membrane by forcing it outwards. One might suppose that such inflation would likewise restore lost hearing, if due to a relaxed membrane at the oval window. Unfortunately, the same act which might restore to this membrane its proper tension, forces it inwards as well, and thus separates the stapes from it.

Though the membrane may be in a proper condition for receiving and transmitting wave sounds, the stapes, from the absence of any pressure applied by it to this membrane, will be unable to perform its duty. There will be more or less obstruction to the passage of sound at this point. Whatever these restore, the hearing in these cases must not only renew the tension of the membrane, but maintain as well the relative position of health between it and the stapes. This, in the writer's opinion, can only be accomplished by some influence brought to bear upon the membrane and stapes from outside the middle ear. If now we consider the effect of wave impulses upon the membranes and ossicles, we can understand how a loud and continuous noise (as the writer thought) might improve the hearing, where the deafness is due to such pathological changes as herein described. The air, set in motion by this noise, strikes upon and pushes the drumhead and ossicles inwards. This crowds the air in the middle ear against the membrana ovale, which, if relaxed, is made tense by this pressure. At the same time, the relative position between it and the stapes, as to pressure, etc., is also restored, and hearing for the time is therefore improved. This noise, which would confuse one with normal hearing, is absorbed, so to speak, in removing the cause of deafness. In case of perforated drum-

head, the vibrating air acts directly upon the diseased membrane and stapes.

Von Trolsch mentions a case where a magistrate so afflicted improved his hearing by pressing a bit of stick against the drum-head. Allen also, in his work on aural surgery, states, while speaking of this symptom, that the hearing power was increased in a patient who presented herself with marked destruction of the drum-head, by pressing cotton against the ossicles. Another is also noted, where a large perforation existed. Here, before and after the healing of the perforation, hearing was improved by pressure. Though these three cases do not in themselves place this theory beyond dispute, it may still make it worthy of consideration. It may encourage us to further investigations, which perchance may result in establishing beyond a doubt the cause of improved hearing in certain forms of deafness by noise.

Discussed by Dr. S. J. Jones, who stated that this subject interested pathologists very much, that different causes will produce this condition, and it is therefore not always dependent upon the same cause. A noise that will affect an abnormal ear in this manner may have no effect on the normal ear. Cotton pressed over the stapes will increase the hearing power in these cases. A tuning-fork placed between the teeth is also better heard in the affected ear; and so, to place the hand on a piano, the affected ear is excited to action during the transmission of delicate sounds, and they are best heard in this ear, more so than in the normal ear.

After which Dr. Wm. L. Axford gave a verbal report of a case he operated on by performing median lithotomy for the relief of an unusual case of hyperæsthesia of the urethra and cystitis occurring in a man of 66 years of age, of inherited gouth diathesis. He had suffered from repeated attacks of nephralgia during the past eighteen months. He also had enlarged prostate, and morphia, belladonna, suppositories, etc., had little or no effect. Catheterization was attended with great agony, the pain being so excruciating as to continue for hours after this procedure. But there were no strictures of the urethral canal, and as a last resort the operation was done. This relieved him very much, but the patient died in a few days. The cystitis was of long duration. The urine was very ammoniacal and fetid.

Dr. C. T. Parkes then cited briefly two cases where he performed this operation for cystitis; the relief was of six months' duration.

The last speaker also presented a fine specimen of double ovarian tumor, removed a few days since, after which the society adjourned.

L. H. M.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

(Continued from page 41.)

Dr. Drysdale regretted that Dr. Beates had not sent him a specimen of the fluid removed from this tumor, especially as he had more than one opportunity of doing so. While having the highest regard for the opinion of the gentlemen who examined it, still, so many errors had been made in these investigations, that it would have been a satisfaction to him to have examined it himself.

But apart from this regret, he considered it by no means proven that the cyst in question was not ovarian. The portion of tumor left attached to the uterine wall in the specimen resembled a closely adherent ovarian cyst, such as he had met with repeatedly. The little mass lying close to the uterus, described as an atrophied ovary, did not present any resemblance to an ovary, nor did it occupy the usual position of that body. In the description no reference had been made to the color of the tumor, which has an important diagnostic value; the uterine fibro-cyst being usually livid or purplish in color, while the ovarian had a white pearly hue. It was especially in cases like that of fibro-cyst of the uterus where the importance of the ovarian cell in diagnosis was well marked. In his investigation of these tumors, he had never met with the cell which he had described as ovarian. Mistakes were very easily made in the differential diagnosis of such tumors, and in fact in many cases the diagnosis could not be established except by the examination of the fluid, or by opening the abdomen. For want of this examination of the fluid, he had seen Spencer Wells make the abdominal section to remove a tumor which he had diagnosed as ovarian, but which proved to be uterine. Dr. Marion Sims had sent him on three different occasions—and without telling him that they were from the same patient—specimens of fluid which he thought was ovarian, obtained from a cyst in the abdomen. Dr. Drysdale assured him that the fluid was not ovarian; but, after the examination of the last specimen, Dr. Sims, still doubting, determined to operate, and found a uterine fibro-cyst. The history and all the characteristics of the tumor described this evening were ovarian, and the specimen and autopsy were not sufficient to establish the diagnosis of uterine cyst.

Dr. B. F. Baer remarked that the specimen seemed to be a section of a fibroma arising from the uterus, but it is too small to be satisfactory or to prove its origin. His personal experience has taught him the diagnostic value of the Drysdale corpuscle. When Dr. Formad reports finding this cell in the fluid removed from an abdominal tumor, he feels strengthened in his diagnosis of an ovarian cyst. He has not trusted to the cell alone, but has been greatly influenced by its presence or absence in making up a diagnosis in doubtful cases. In every instance in which Dr. Formad has reported finding the ovarian cell, operation has proved the tumor to have been of ovarian origin. He would like to ask Dr. Drysdale if he still considers the cell pathognomonic.

Dr. Drysdale still believed in the pathognomonic value of the ovarian cell. In his investigations he had met with but one exception to the rule, and that was in renal cysts. To prove that the cell could be relied on to establish a diagnosis, he would give one or two instances where it was impossible to do this except by its aid. In a review by Dr. Harris of the Transactions of the American Gynecological Society in the *American Journal of Medical Sciences*, will be found this statement: "On one occasion Prof. D. Hayes Agnew gave Dr. Drysdale a fluid for examination, in which he found the characteristic cell. Upon stating what he had found to Dr. Agnew, he was told that the fluid had been taken from the abdominal cavity;

upon which he immediately said that the fluid must have escaped from an ovarian cyst, for it was ovarian. In this he was correct, as the cyst had a small hole in it, as if made with a punch, and the fluid had escaped as claimed." In another case Dr. D. received a letter from Professor Matthew D. Mann, of Buffalo, N. Y., with a specimen of fluid consisting of eight or ten drops, which the doctor stated was all that he could obtain by aspiration. The tumor had been diagnosed by other surgeons as one of uterine fibroma, and consisted of a large solid mass, which filled the pelvis and abdomen as high as the umbilicus. The history and symptoms all pointed to a uterine fibroid, and the patient was in such a precarious condition that an exploratory operation was considered unjustifiable. An examination of the fluid by Dr. D. showed the presence of the ovarian cell. This determined Dr. Mann to operate. He found two ovarian tumors, which he removed successfully, and the patient recovered. "Without the microscope no certain diagnosis could have been made, except by resorting to an exploratory incision." These cases, and he could give many others like them, were sufficient to show the diagnostic value of the cell.

Dr. Beates remarked that it was a matter of extreme regret to him that Dr. Drysdale did not have an opportunity of examining the fluid; it was due to the fact that the neoplasm was regarded as ovarian, and the specimens of fluid were not preserved. At the autopsy the growth was presumed to have arisen from the left ovary, and none of the fluid was kept. Later study of the specimen disclosed that the amygdaloid mass was situated in an atrophied membranous structure, closely approximated to the uterus. The microscopic examination of this determined its ovarian character to the mind of Dr. Formad, which conclusion dissipated a doubt in my mind, and confirmed my belief of its being the left ovary. I thoroughly appreciate the strong probability of error liable to occur in positively diagnosing by differentiation the Drysdale corpuscle from similar bodies, as the pyoid body of Lebert; but the fact that treatment with acetic acid only had the effect of rendering the whole corpuscle very slightly clearer, and disclosed no nucleus; that ether, added to the fluid, and the mixture thoroughly agitated for several minutes, had the effect of simply rendering the corpuscle paler, convinced me that the bodies were the corpuscles in question. There is, by very extended experience, developed a capacity to differentiate by a varying degree of opacity. Dr. Formad believed these corpuscles to be those of Drysdale. The striking phenomenon, if this be an ovarian cyst, is in the fact that primarily it was purely cystic, typically so, and that during the last year of its existence the cyst wall, throughout its posterior seven-eighths, assumed a myomatous development. If this did not occur, the myomatous wall must have originated at the fundus uteri, and gradually permeated the cyst. Either of these processes is almost incredible, and certainly exceptional to known clinical facts. The true uterine origin must not be forgotten. That a proper conception of the tumor may be formed, it should be compared to a large pumpkin, with a wall varying in thickness from one to three inches. For an area

of about nine square inches at the umbilical region, the ordinary cyst-like structure formed as it were a drum-head. This wall is not fibromatous, but purely myomatous. Dr. Goodell had seen this patient and diagnosed the tumor as ovarian.

Dr. B. F. Baer exhibited a specimen of hypertrophied uterine mucous membrane. R. H., æt. 30, married twelve years; sterile; puberty occurred at age of twelve, slight dysmenorrhœa from the first, and since her marriage the difficulty has been increasing, so that during the last few years the pain has been very severe. The menstrual flow, which has always been rather profuse, especially since her marriage, has for more than a year been irregular in time and quantity; sometimes it continues two weeks very freely, when she would be so prostrated as to be compelled to remain in bed to regain strength. She complained of a severe, sharp pain in the region of the left ovary radiating to the groin and anterior part of the thigh, and to the præcordial region and side of the head to the top-head. She had great dragging in the pelvis and pain in the sacral region. During her periods, the mammary glands would swell and become very tender and sore. Coition had become almost intolerable on account of pain during the act, and because it increased the pain in the left ovarian region, and induced a sensation of nausea and faintness. She had such dread of sexual congress that an interval of months would sometimes elapse between the acts. Her weight had decreased from 146 to 117 pounds, and her appetite and digestion were poor.

Examination showed the cervix uteri to be near the vaginal orifice, somewhat elongated, and conical. The os was papulous, the body of the uterus very much hypertrophied and retroverted. The left broad ligament was contracted, and the corresponding ovary prolapsed, larger than normal, and very tender to pressure. The sound indicated a uterine depth of three and one-half inches, and the cavity was large and soft. The organ was mobile. Ether was administered, the cervix dilated by means of Ellingen's dilator, and the endo-metrium was carefully curetted, removing a large amount of the most enormously hypertrophied mucous membrane. Nitric acid was applied. Under a regulated diet, with rest, complete relief followed, with freedom from hemorrhage and pain.

Dr. W. H. Parish would like to hear the result in Dr. Baer's case after the lapse of three or four years. Two or three years ago he had reported before this society a similar case, in which, after dilatation by sponge-tents, he had removed a large quantity of endometric growths, and applied nitric acid. The treatment was followed by an apparent cure, which lasted for some months, after the lapse of which the previous condition returned. The same treatment, followed by relief and subsequent relapse, has been repeated several times. Good microscopists have pronounced the growths benign. Dr. Goodell has, however, given it as his opinion that it will ultimately become malignant. Dr. Parish has been gradually coming to the same opinion.

Dr. Beates has treated a woman, æt. 33 years, who suffers from antelexion of the uterus, men-

orrhagia, and granulations of the endometrium. The microscopic appearance is benign. After treatment by means of the curette and nitric acid, no hemorrhage occurred for four months, the treatment was repeated, a laceration of the cervix was closed, and seven months later the patient became pregnant, abortion occurred at two and a half months, and the granulations and hemorrhages have returned.

Dr. Baer remarked that these cases are very common. They are seen every week at the clinic. They are usually benign, but sometimes become

malignant from loss of blood and a run-down condition of the system. Adhesions or some other obstacle to the free return of the venous blood from the uterus may exist, or the ovaries may be diseased; and these causes will bring on the relapse, no matter how perfect the relief may be. In many cases the cause is flexion; the effect is sterility. It is an exaggeration of a purely physiological process. It may be benign in its incipency, but may become malignant later on.

W. H. H. GITHENS, *Secretary.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Seventy Cases of Dupuytren's Contraction of the Fingers.

Before the Royal Medical and Chirurgical Society (meeting March 25, 1884):

Mr. Noble Smith read a paper on this subject. Upon examination of the hands of 700 elderly people, 70 cases of indurated and contracted palmar fascia were found. The points to which attention was chiefly directed were: 1. The supposed immunity of females from the affection; 2. The cause of the malady; 3. Its treatment. 1. Among 440 women were found 15 cases of indurated, thickened, and contracted fascia alone, and also 11 cases of well-marked Dupuytren's contraction of the fingers. Drawings of some of these cases were shown. 2. As the disease had been attributed to gout or rheumatism, inquiries were directed as to these diseases, and the evidence was against their being the cause. The majority of the individuals were free from common complaints, and seemed tolerably robust; they were mostly old people, the average age being 73; twelve were over 80. Most of them attributed the contraction to some particular kind of work. The much greater frequency with which the right hand was found affected led one to suppose that use had a material influence. In some cases, the hands had, however, been very little used. Some cases occurred from injuries in which the contraction and thickening were exactly similar in appearance to the others. In many cases the hands were affected symmetrically, indicating some other than a local cause. Contraction of the palmaris longus was almost constantly present, and it was thought possible that this might indicate a condition of nerve-irritation in some instances. 3. With regard to treatment, the author of the paper recommended operation upon the contracted bands of fascia by as few incisions as possible, as opposed to the recommendation that many incisions should be made; the object being to separate the cut parts as much as possible, so that recontraction should be prevented. Cases were recorded which prove the value of this recommendation. It was thought probable that section of the palmaris longus tendon might be beneficial in the early states of contraction.

The President thanked Mr. Smith for his communication, directing attention to a dissection he

had brought from the King's College Hospital Museum, showing that the real seat of contraction was in the fascia, and not in the muscles.

Mr. William Adams was very glad to find that more attention than formerly was now being given to this class of cases; for it was not so very many years ago since they were generally regarded as incurable, and amputation sometimes submitted to as the only possible remedy. On May 22, 1877, he had himself brought the subject before the Society, but no attention had been paid to his paper, and the Society had declined to print it among their *Transactions*. Since then it had been published, and he had been glad to find considerable interest aroused. Dr. Keen, of Philadelphia, had taken up the subject, and had collected the largest number of cases in the *Transactions of the Pathological Society of Philadelphia*, in 1882, and added the most complete analysis of the foreign literature. He should be glad to learn from Mr. Noble Smith whether the 440 women he spoke of in his paper were included in the total 700.

Mr. Noble Smith rose at once to say that it was so, and why, if it were so, so many more women had been examined than men. Further, he remarked two classes of cases distinguished among the women, viz., those with "indurated, thickened, and contracted fascia alone," and "also cases of well-marked Dupuytren's contraction of the fingers;" he wished to ask why this division, to which he did not know what importance was thought to attach, had not been carried out among the men. Mr. Noble Smith's cases showed that 10 per cent. of the subjects examined had Dupuytren's contraction. That such was the case with the general population, could not for a moment be supposed, and he had no satisfactory account of how Mr. Smith had selected his cases for examination. He had himself said, when speaking in 1877, that he had seen no true case in a female; since then he had seen six and operated on four. But he still considered it roughly true, as Keen's tables showed, that the disease was ten times as common among men as among women. As to the cause, Dr. Keen thought it largely due to gout, in which he himself agreed; and, as arguments, he would mention that it was frequently hereditary, in several cases for three generations; that it affected the right and left sides about equally, which showed that it was probably constitutional, and not local in origin; that it was found much

more frequently in the middle and upper classes than in the lower; in this it agreed with gout. It was common in the clergy, who never used their hands; in barristers also; but commonest in officers of the army. As to treatment, he could not agree to limiting the number of incisions to two or three, as Mr. Smith suggested. His most successful cases had, as a rule, been those where most incisions had been made, viz., one in which there were eighteen incisions. He quoted details of several cases, and showed many casts of hands, before and after operation. In one of them the operation had been done twenty years ago, and the hand operated upon had remained quite well, though the other had become slightly affected. He thought it very satisfactory that the disease had been brought into notice again, and its curable nature demonstrated.

Dr. Humphry remarked that as to the question of the cause between constitutional gout and local irritation, the truth probably was that it was due to both of them; that local reasons determined this exhibition of a gouty condition. It was generally observed first in the ring-finger, and he associated that with the fact that in handling a stick or umbrella the pressure was felt chiefly in the ball of the ring-finger, as compared with the other fingers. To such pressure its local determination was due. The metacarpo-phalangeal joint was first affected, the others secondarily and less; the palmaris longus probably had very little to do with it, for it was a very small muscle, not having much effect on the fascia, and any effect it might have would influence all the fingers. It was worth notice that similar contractions were extremely rare in the plantar fascia; and that he attributed to the greater and more constant pressure upon the metacarpo-phalangeal joints, keeping them in extension, so that the plantar fascia had hardly the opportunity of contracting that the palmar had. The motion of a toe was hardly ever due to the contraction of the fascia, but to the tension of a tendon. That the ring-finger should be specially affected, was due to the fact that its extensor powers of range were considerably less than in any of the other fingers.

Mr. John Croft admitted that his experience was not large, but in the majority of cases with which he had had to do, he had found a gouty history; but the gouty symptoms were ill-marked, and the limits of gout ill understood. At any rate, that some cases were entirely free from gout was a fact that should be attended to. Mr. Smith's idea that the palmaris longus was affected he thought very improbable, for the first and chief action of that muscle was to flex the wrist, and not the palmar fascia; it was sometimes completely absent, and Mr. Smith had not even shown its presence in his cases. He agreed with Mr. Adams that treatment by multiple incisions was to be preferred.

Mr. W. J. Walsham wished to add his testimony to the value of multiple incisions, which, as he pointed out, were best made in the furrows of the contracted fascia. In the cases under his treatment, he had not met with gout, or been able to distinguish any other cause.

The President observed that what he had heard had reinforced his own impression, that the gouty theory of causation was insufficient. The five

old women whom Mr. Smith had brought to the Society that evening had no gouty sign about them. He had noticed with interest Dr. Humphry's remark, that the disease was very rare in the foot; but gout certainly was very much commoner in the foot than anywhere else. Modern fashion was in the habit of attributing more to gout than its just share of the obscurer diseases.

Mr. Noble Smith said that the cases he had examined had been taken from the oldest inhabitants of work-houses. He had asked the medical officers to collect cases where the hands were at all deformed, and had been surprised to find a crowd with deformed hands gathered together, sometimes without any case of Dupuytren's disease. That such cases should be overlooked he thought very probably due to the fact that there was very little inconvenience felt, and no complaint made. Dr. Keen and Mr. Adams had probably chiefly seen cases in the middle and upper classes. He preferred few incisions in treating the contraction, simply because he found a few were sufficient. As to the causation, he wished to point out that he felt himself that the original cause was obscure, and that he had expressed very little opinion of his own.

Unexpected Result in a Case of Strangulated Hernia.

Dr. Geo. R. West reports this case in the *Atlanta M. and S. Jour.* for March, 1884:

"I was called to see A. H., a colored boy, aged 23 years, on the night of December 28, 1883. I went immediately, and found him suffering very much with a strangulated, direct inguinal hernia.

"The boy drove a coal delivery wagon, and was much subjected to strains in loading and unloading. He had not been working the day previous to my visit, but had walked to the country, about two miles; and during the afternoon, about two o'clock, while straining at stool, he felt the bowel escape. He managed to walk home, however, and went to bed, hoping time would cure him; but the pain and size of tumor increasing, he sent for me at eleven o'clock. Before I arrived he had vomited twice with 'purge,' as his old attendant called it, in the vomited matter. His pulse was sixty per minute; he was sweating, though the night was cold, and his general symptoms did not indicate immediate danger. I vainly attempted to replace the bowel, both by position and taxis, persisting in my taxis only about seven or eight minutes. I then gave him the third of a grain of morphia, hypodermically, and left him for an hour. At the expiration of the hour, I returned with chloroform and an assistant, and again attempted taxis with no better success than before. I then thoroughly chloroformed him and applied taxis vigorously, with no better result. I left, with directions to his only attendant to apply hot clothes over the tumor, to repeat them frequently, and to give him twenty drops of laudanum every three hours.

"When I saw him next morning, I was vexed to find my directions had not been carried out, on account of the attendant preferring to sleep.

"Seriously contemplating an operation, I called a consultation. We tried taxis again, and failing, decided against an immediate operation, but

to continue the tr. opii. and warm cloths. This treatment was commenced on the morning of the 29th of December, 1883, and was persisted in until January 1st, 1884, when I gave up in disgust and determined to operate.

"Some may wonder why I persisted so long, but the reason was that at each visit—and I made about three a day during this period—he seemed doing so well, and the tumor growing more soft and somewhat diminished in size. Tuesday morning, January 1, 1884, I operated, using ether. I cut down upon the sac, and, with a probe-pointed bistoury, passed along my finger to the point of constriction, cut the conjoined tendon until everything seemed loose. I then attempted to put back the extended viscus, but was surprised to find it immovable. The adhesions around the bowel, after opening the sac of the hernia, were found to be so strong and numerous, and extending so far down into the scrotum, that to tear them loose seemed certain death to my patient, and I did not have the courage to continue. All the various surgical operations justifiable under the circumstances occurred to me; but I, being young and inexperienced, preferred to close up my incision and let my patient die, as I certainly expected he would. I kept him after the operation for many days under the influence of opium and on a liquid diet. His condition never became alarming, pulse never higher than 110, and temperature never more than 101°. On the 9th of January he took some laxative pills, and on Thursday had a very complete evacuation of the bowels, with no pain or blood. The bowels then became regular, one action a day, and have so continued. Pus had been flowing from my incision for a week, but still the tumor remained about the same size. On Saturday morning, a pimple was noticed at the most dependent portion of the scrotum, which burst during the day and ran freely. At my visit in the evening, I enlarged the opening and drew forth a piece of bowel half the circumference of the gut, and about two inches long. The veins in this piece of slough were enlarged and tortuous. The next day I took some omentum from the same place, and gradually the whole tumor, composed of intestine and omentum, sloughed off and was discharged at this orifice. The patient has fully recovered.

"At the time of the hernia, he was under my treatment for chancreoid, which had been touched with nitric acid, but which received no more attention after I began the treatment of the hernia. I am glad to state it has healed nicely of its own accord."

On Opening and Drainage of Abscess Cavities in the Brain.

The antiseptic method of operating and after-treatment has not as yet been fully tested in operations upon the brain. This is natural, for not only have we inherited a just dread of dealing with an organ, the large majority of whose diseases are dangerous or fatal, but, our knowledge of the physiological functions of the brain and of their pathological modifications being extremely limited, we are not in a position to form such an accurate diagnosis as calls for surgical interference. Drs. Christian Fenger and E. W. Lee, of Chicago,

in an extremely interesting paper on this subject in the July number of *The American Journal of Medical Sciences*, consider the treatment of traumatic cerebral abscess, and report a case which was successfully treated by opening and drainage.

Bergman, in discussing the treatment of cerebral abscess, unhesitatingly sets it down as an axiom that wherever there is an accumulation of pus, trephining is most clearly and indubitably indicated, for the opening of an abscess in the brain is as necessary as in any other part of the body, and we would add even more so. A correct diagnosis of abscess having been made, the further difficulty presents itself of locating it with sufficient accuracy, so as to be able to find it. A number of cases are on record, in which a correct diagnosis had been made, the trephine also put on more or less at the right place, but the knife or trocar being passed into the brain, nevertheless missed the abscess. Drs. Fenger and Lee show by their case, that this difficulty can be obviated by multiple exploratory aspirations, performed at interstices sufficiently small to prevent any abscess from escaping detection, even if the trephine opening should not have been made at the point of the skull nearest the abscess.

There are on record a large number of cases of cerebral abscess, in which trephining was performed, pus evacuated, and temporary relief obtained; but later relapse followed, and a fatal termination ensued. It is possible, judging from the success the practice has met with in the treatment of abscesses in other situations, that drainage of the cerebral abscess-cavity, with or without washing out, would have saved some of these cases, by preventing the reaccumulation of pus and the continuous infection of the surrounding brain tissue, the acute oedema of which is well known to be, as a rule, the final cause of death. As far as Drs. Fenger and Lee are aware, draining and washing out of cerebral abscess-cavities has heretofore not been tried; that it can be effected and without any detriment to the patient, is shown by their case, the treatment of which they hold strictly conforms to the rational methods of modern surgery in treating abscesses in general; and because of this, and not because their patient recovered, they regard the case as answering affirmatively the question, Is it probable that abscesses in the brain can be treated advantageously on the same principles as abscesses in other parts of the body?

A Case of Universal Erysipelas in a Child Aged Ten Months: with Recovery.

Dr. John Ferguson, of Toronto, thus writes in the *American Journal of Obstetrics*, July 1884:

This case is interesting for the following reasons: In the first place, the entire surface of the child became gradually involved, and, in the second place, as illustrating the value of sustaining treatment.

My first visit was made to the little patient on the 8th of May. I was informed that the disease commenced on the day previous, as a reddish swelling on the right labium. When I saw the patient for the first time, the vulva was greatly swollen, reddish, slimy, and very tender. The

inflammation had also extended on to the pubes and slightly on the lower part of the abdomen.

From this time the disease marched upwards and downwards over the surface of the body, requiring about four days from its appearance at any part till it became nearly normal again in color.

When the erysipelatous inflammation extended to the feet, there was very marked edema. The chest, back and arms, were also taken in turn. The neck and head were next invaded. The eyelids and lips were the last points of attack. In this manner every portion of the entire surface of the body—not omitting the palms of the hands and the soles of the feet, which had a tinge of red—was affected at some time during the course of the disease.

The local treatment consisted in frequently and thoroughly anointing the skin with the following:

R.	Acid. carbolic,	gr. v.
	Ext. belladonnæ,	gr. xv.
	Ung. petrolei	3j.

M.

Soft cloths were kept next the skin and child loosely and comfortably covered.

The internal treatment consisted in the administration of one teaspoonful every three hours, in water, of:

R.	Quin. sulph.,	gr. iv.
	Acid. hydrochlor. dil.,	℥xxxij.
	Tr. ferri chloridi,	f. 3 iss.
	Glycerini,	3iv.
	Syr. simp.,	ad. 3ij.

M.

As the child was nursing, no other form of food of any kind was given, nor alcoholic stimulants.

The duration of the attack, from its commencement at the vulva to its disappearance at the eyes and mouth, was fifteen days.

The Treatment of Non-Spasmodic Wry-Neck (Torticollis).

In the *Brit. Med. Jour.*, June 14, 1884, Dr. Burnard Roth says:

The treatment I advocate is divided into three stages:

1. The first is a preliminary education of the patient in performing the usual movements of the neck; viz., flexion, extension, lateral flexion, right and left; rotation on its axis right and left. These exercises are done actively, also against the surgeon's resistance, and by the surgeon against the patient's resistance ("medical gymnastics;" see my article on "Treatment of Lateral Curvature of the Spine," *British Medical Journal*, May 13, 1882). The exercises are done while the patient is lying on his back, sitting, or standing. At the same time, he is shown by the looking-glass how much his head is on one side, and he is taught that he must exert himself to get even a slightly-improved position of the head. This preliminary stage of the treatment need not last more than a week.

2. The second stage of the treatment is tenotomy, under anesthetics, of the clavicular attachment or of both attachments of the shortened sterno-mastoid muscle.

3. The third stage of the treatment can be commenced as soon as the skin-incisions are healed, that is in two or three days, as the skin always unites by first intention.

The preliminary "medical gymnastic" education of the patient is now most useful; to his surprise, on trying to put the head straight, he succeeds at once, and by daily practicing the previously-learned exercises, and others for correcting the lateral spinal curvature, which is nearly always present, he soon learns to hold his head vertically.

At first, even when the head is quite straight, the patient has the sensation that it is on one side, and it takes some days before he is quite satisfied on this point. The third stage need not last more than a fortnight, when the cure will be complete; that is, the whole treatment does not require more than one month, including the preliminary exercises and the tenotomy.

The Poisons Contained in Choleraic Alvine Discharges.

The *London Medical Record*, May 15, 1884, says: Mr. Vincent Richards published in the *Indian Medical Gazette*, March, an account of some experiments on dogs made with choleraic dejections; he failed to obtain positive results. In the April issue he reports positive results obtained by experiments on pigs. In his first experiment he gave to a pig three months old a choleraic discharge which had just been evacuated; the animal became very restless, vomited, and died. In a second experiment the semi-solid contents of the intestine of a pig killed by the alvine discharges of a cholera patient were given to a half-grown pig; the animal was not affected; the same pig subsequently took the alvine discharges of a patient who recovered, but was at the time apparently suffering from the first stage of cholera; the animal recovered, but, in a subsequent experiment, died one hour and twenty-eight minutes after the administration of an undoubted choleraic evacuation. Other experiments seemed to show that the evacuations, if kept more than a few hours, lost their poisonous properties. The administration of fresh evacuations was followed by death in from fifteen minutes to two hours and fifty minutes. Mr. Vincent Richards thus summarizes the conclusions at which he has arrived: 1. That choleraic evacuations, at certain stages of the disease, contain a most virulent poison. 2. That if the poison finds its way into the stomach, it is absorbed and rapidly proves fatal. 3. That the active agent of the poison is not an organism, but of the nature of a chemical compound of a comparatively unstable nature. 4. That it will probably be found to be easy to destroy the power of the poison existing in the evacuations; in other words, to disinfect them. 5. That although the poison decomposes, it might by desiccation retain its powers for some considerable time. Hence, clothes, etc., stained with choleraic discharges, might be a source of danger.

—A solution of gutta-percha in chloroform (four to thirty) is useful to protect the skin over projecting bones, and to prevent bed-sores in wasting diseases.

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Medical and Surgical Reporter,
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 ISSUED EVERY SATURDAY.

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THE PRESERVATION OF ANIMAL VACCINE VIRUS IN A LIQUID FORM.

The present methods of preparing and preserving animal vaccine-lymph for medical purposes is not quite the *desideratum* of our profession. One reason is, that there is often found but very little virus adhering to the quills or points. Then again, the manner in which the lymph has to be dissolved is not quite satisfactory. Usually a drop of water is placed on the point or quill, and there left to dissolve the lymph, while the operator is performing the needed scarification. But it actually wants some skill meanwhile, so to balance the point on some article—as a penknife, or the edge of a table, or the back of a saucer, for instance—that the light ivory point neither falls off, nor, assuming a slanting position, allows the dissolved virus to drop off. Some slightly moisten a piece of glass and then rub the point upon it, until all the vaccine-matter is dissolved, and others scrape with a knife the dried virus off the point or quill, and then proceed in the same way. There doubtless are many methods of moistening the lymph on the quill or point, and a little practice enables a physician to make the proper and intended use of the virus; still these various procedures have too many drawbacks. Besides, the lymph does not keep that way any length of time, and there is too much waste of material going on, especially if the operator has but one person to vaccinate at one and the same time. They have also kept fluid lymph in capillary tubes; but as here the virus is but the fluid contained in the ripened pustule, the greater quantity of matter contained in the scab is thus lost, not to mention at all the waste caused by material adhering to the walls of the narrow vessel. It is clear, therefore, that any method promising to be an improvement on the old must be gladly welcomed.

Dr. Chalybaux, in charge of the vaccine institution of Dresden, had met with such remarkable success that he was requested to publish his method of preserving vaccine-virus, and he has done so in a recent number of the *Korresp. Blatt of Saxonia* (6, '84). He proceeds as follows: First, he selects animals which, after examination by

the veterinary surgeon appointed for this purpose by the government, have been pronounced perfectly healthy, and which come from well-known uninfected stables. Moreover, during the whole period of vaccination the animals are twice daily subjected to a critical examination by the same competent authority. The lymph having been obtained from them, the animals are sent to the public abattoir of Dresden and there slaughtered. Not until the post-mortem examination has given undoubted proof of the healthy condition of these animals, is the lymph made use of for the purposes of vaccination. This procedure insures *a priori* healthy virus.

The manner of obtaining the vaccine-lymph is as follows: With peculiarly-constructed pincers the whole pustule, when ripe, is squeezed off, and scraped off the pincers into a mortar made of agate, where it is triturated into a homogenous mass. To about two or three pustules one drop of glycerine—which has been made aseptic by a minute quantity of thymol—is then added, when the lymph thus obtained represents a yellowish, opaque, glue-like, viscid fluid. As little glycerine as possible is employed, but some has to be added, as the lymph otherwise would adhere to the glass-tubes, in which it is preserved. Small capillary tubes have been found not to answer the purpose, as there is too much waste (from material adhering to the tube) connected with this method. Common and rather thick glass tubes are used; they must be large enough to contain a quantity of virus sufficient for ten to twenty vaccinations.

When thus prepared, the glass tubes are placed in a refrigerator for one week. They will then keep for a long time at almost any temperature. The success achieved with this fluid lymph has been remarkable, and with lymph prepared and preserved in the manner described, and kept in a common closet for a period of thirty-four weeks, exactly the same excellent results have been obtained; a proof that the virus does not lose its power by time. No former method allowed the keeping of vaccine-virus for a longer period than at the most three weeks; but Ch.'s procedure

permits preservation for at least nine months, and it is probable that further observations will demonstrate the fact that virus thus prepared can be kept in a good condition in any climate and at any temperature for an unlimited time. Whether the freezing for one week, as practiced by Ch., is essential, further investigations will also have to decide.

PROOF OF DEATH.

If most people are afraid of anything, it is of being buried alive. That cases do happen where it is very difficult even for the experienced physician to determine whether a person is really or but apparently dead, without his having recourse to means which, while they would at once settle the dispute, would place life, if it really still existed, in jeopardy, may be judged from the fact that the French Academy some ten or fifteen years ago offered a prize of forty thousand francs for the discovery of some means by which even the inexperienced may at once determine whether in a given case death had ensued or not. A physician obtained the prize. He had discovered the following well-known phenomenon: If the hand of the suspected person is held towards the candle or other artificial light, with the fingers stretched, and one touching the other, and one looks through the spaces between the fingers towards the light, there appears a scarlet red color where the fingers touch each other, due to the still circulating fluid blood, as it shows itself through the transparent, not yet congested tissues; but when life is extinct, this phenomenon at once ceases. The most extensive and thorough trials established the truth of this observation, and the prize was awarded to its discoverer.

When electricity, or rather its application in medicine, came in vogue, it was first thought that it would be a means of deciding whether a person was dead or not. This assumption was based upon the fact of electro-muscular contraction. But experiments soon proved that for one to three hours after death has taken place, and in some cases, where rigidity but slowly ensues, for a still longer period, the muscles of a dead in-

dividual respond as well to the electric stimulus as those of the living being.

Dr. Max Buch now publishes in the *Centrl. f. Neuenhld.*, 2, '84, a modification of the above, and what promises to be a reliable and *scientific* proof of death, for thus far no scientific test existed.

While in the living the temperature of the surface over a muscle in the act of, or immediately after contraction, decidedly increases, this increase is utterly wanting in the dead, and even during the time ($\frac{1}{2}$ to 3 hours) in which after death the muscle still retains its contractility. Having placed, therefore, a surface thermometer on the skin, and having waited until the temperature has continued at one and the same height for about five minutes, the muscle just below the bulb of the thermometer is made to contract by electric irritation. If then the column of mercury does not rapidly ascend, we have the most definite and the scientific proof that life is extinct in the body; while if the temperature increases, it is just as certain that there is still life. Under normal condition, the skin for a considerable distance increases by several degrees in temperature, if in the muscle below is caused a powerful electrical contraction; and this phenomenon is also observed in paralyzed limbs; while in the dead nerves, there the production of heat, as induced by motion, has forever ceased.

The method, it is true, has not yet been tested in a cataleptic case resembling death; but it is to be supposed that as long as there is the faintest trace of circulation, so long will increased activity at any part of the body produce a corresponding increase of heat. Apropos, this observation leads us to another interesting fact. It is well known that all over in nature rapid motion calls forth heat, and this is the more apparent the more friction attends the motion. Two stones or two metals rubbed together will soon induce warmth, and the Indians are said to be able to start a fire by the violent friction of two pieces of wood with each other. It is said that no law of nature knows an exception. That may be true, but a dead body surely makes in so far an excep-

tion as no amount of motion or friction will elicit the least warmth in the decomposing tissue. But that some mysterious process of heat regulation still is active within the dead body, may be seen from the fact that no matter what the temperature of the surrounding atmosphere, the surface of the body will go on decreasing its own temperature until the state of rigidity is ended and active decomposition commences.

THE MEMORIAL PROFESSORSHIP TO PROFESSOR GROSS.

It is probably known to most of our readers that the Alumni Association of Jefferson Medical College has inaugurated a movement to secure in some medical school the endowment of a Memorial Professorship in honor of the late Prof. S. D. Gross. The professorship will be one devoted to pathological anatomy, to which branch that late eminent surgeon gave so much of his time, with such excellent results.

Certainly, no more becoming monument could be raised to the memory of a distinguished man of science than a chair for instruction in the special branch in which he was particularly interested. We hope, therefore, that this project will succeed, as a testimony to the merits of the eminent surgeon, and as a proof that in the midst of the competition of the living, we are not unmindful of the merits of the dead.

Equally important is this appeal on account of the value of pathological anatomy to the study of our profession. It is one of those branches which are the essential prerequisites to a sound therapeutics, and to an intimate knowledge of the nature of disease. Disowned as useless by the narrow and ignorant teachings of Hahnemann and his followers, it has been the glory of the regular profession to seek and find in pathology the clue to the labyrinth of symptomatology. Nevertheless, it does not lie so close to the practical applications of medicine that it brings in immediate profit to the student. It is well, therefore, that he should be encouraged by such a public recognition of his department as is here proposed.

The chairman of the committee is Dr. D. HAYES

AGNEW, and its treasurer is Dr. R. J. DUNGLISON, to whom contributions may be sent, addressed to Lock Box 1274, Philadelphia, Pa.

This appeal is made not merely to the friends of Prof. Gross, and to the Alumni of the Jefferson Medical College, but to all medical men and enlightened readers who appreciate the immense benefits which his long professional life as a surgeon and a teacher, as a student and a writer, conferred upon the cause of science and progress in this country. Let the answers to this appeal be both prompt and liberal.

NOTES AND COMMENTS.

Response of Degenerated Nerves and Muscles to Magneto-electric Current.

The well-known reaction of degeneration has thus far been determined only with reference to the galvanic current. Westphal found that in diseases where atrophy of the muscles developed itself in consequence either of myelitis of the cord, or of inflammation of the motor-nerves, the muscles reacted in a peculiar, abnormal manner to the galvanic stimulus. Usually in healthy muscles the contraction is stronger on closing the current with the kathode, or expressed by a formula: K. C. C. (Kathode closure contraction); A. C. C. (Anode closure contraction). But in the diseases mentioned the reaction of degeneration shows A. C. C., K. C. C.

Eulenburg has recently investigated the reaction of degenerated nerves and muscles to the Faradic stimulus (*Neurolog. Centrbl.*, 1884, 5). He found in patients with quantitative changes of electric excitability the irritability for magneto-electric currents to be equal to that for Faradic (volta-electric) currents. The same happened three times in four cases evincing the galvanic reaction of degeneration (Deg. R.) But in a case of slowly improving rheumatic facial palsy, he noticed at a time when the Faradic reaction could just be traced in the nerve, on magneto-electric stimulation, undoubted motion, though weak and slow in the nerve, and also in the muscles of the face, which had not evinced the least Faradic response. The number of turnings necessary on the diseased side exceeded those needed for the healthy side from four to eight times. The difference in the reaction is probably based upon the longer duration of the single electric discharges in magneto-electric currents, for we know that in a

certain stage of its degeneration the muscle reacts on stimulants of longer duration. In the case reported, after a short interval of exclusive response to the magneto-electro current, the excitability returned also for the induction-current.

It is probable that a greater number of observations may prove the utility of the application of all three currents for diagnostic purposes. For instance, a muscle may show deg. R. with the galvanic current, no response to the Faradic, but a mild excitability on application of the magneto-electric current. Whether this fact will lead to therapeutical results, experience and further researches will have to demonstrate.

Subcutaneous Injections of Iron.

At the time when dialyzed iron was still in vogue, the profession hoped at last to have found a preparation of iron which could be employed in hypodermic injections without causing violent irritation. Experience proved not only that dialyzed iron really was not such a drug, but also that its effect was as nothing; its percentage of iron being too small, considering that it is just in the worst cases of anæmia where we find great sensitiveness of the stomach, forbidding the internal employment of iron, it will not astonish us that experimenters have since continually employed their time to discover a preparation of iron that could be used subcutaneously.

Dr. Glaevecke (*Arch. f. Exp. Path.*, etc., xvii., p. 466,) has at last found that the citrate of oxide of iron is the best of all organic and inorganic iron salts that the materia medica offers for that purpose. The oxydulated sulph. of iron can be made absorbable by the addition of two to three times its quantity of citrate of sodium, while peptonized iron is badly, and ammoniated sulphate of iron not at all absorbed. The secretion takes place mainly by the kidneys, in less quantity by the liver; it commences by the urine within fifteen minutes, reaches its maximum within two to four hours, and is ended within twenty five hours. The iron always appeared as oxyd- and oxydul-salt, while the iron met with in the bile always was the oxyd-salt. The liquor sanguinis and the ascitic fluid found in rabbits always contained the iron; the aqueous humor never did. G. has formed the conclusion that the iron is retained in the blood as an albuminate, but is partially reduced to an oxydul-salt in the urine alone.

For therapeutical purposes, G. tried the oxydized citrate of iron in ten patients. The result was as expected from an iron-salt, thus absorbable.

The doses for adults is about half a grain, for children generally one-fourth; it is best employed in a ten per cent. solution, which must be clear and not older than a month. Certainly this all refers only to the hypodermic method of its employment. Larger doses may cause symptoms of intoxication, consisting of nausea, within twenty minutes increasing to vomiting—the best morbid proof of the absorption of the remedy.

In twelve case of nephritis the injections were made with the view of diminishing the quantity of albumen excreted; but the effect was nihil.

Cause of Conjunctivitis in the New-Born.

Authors have been divided regarding the causes of inflammation of the eyes in the new-born. Some contended that only the specific virus of gonorrhoea could produce the conjunctivitis, while others insisted that under certain conditions the common discharge of the vagina during the passage of the child may induce the eye-disease. A solution of nitrate of silver, four grains to the ounce, one drop passed three times daily into the inflamed eye, has always been considered a very efficient remedy, especially if early applied, *i. e.*, before irreparable damage has been done by the inflammation. Ice-water compresses greatly accelerate the cure.

Since the germ-theory has found so many adherents, and considering the infectious nature of the conjunctivitis, mild solutions of corrosive sublimate ($\frac{1}{1000}$) have also been used, and with such a remarkable success as to prove almost beyond a doubt the zymotic nature of the eye complaint.

A German physician, P. Zweifel, has recently instituted a series of experiments with a view of determining definitely the mooted question. Z. introduced into the eyes of six children, perfectly normal, lochial secretion, which he had procured from healthy mothers, of whom there was definite proof that neither they nor their husbands had ever suffered from gonorrhoea. The result was very satisfactory, not the least inflammation of the eyes ensuing. Though the number of the experiments is rather a small one, Z. draws the conclusions that the specific virus of gonorrhoea is essential may be simple, compound, or comminuted. In for the production of ophthalmia neonatorum.

The editor of the *Centrbl. f. d. Med. Wiss.*, May 21, 1884, p. 368, while reporting the observations of Zweifel, remarks that the experiments should be repeated, and that in every case of genuine ophthalmia neonatorum the presence of gonococci should be inquired into; for, as well-known, these micrococci have been met with in the discharge of the specific urethral disease.

Chloroform Syncope Treated by Reversing.

As a valuable hint, we note that in the *Brit. Med. Jour.*, Dr. Albert I. Garland relates a case wherein he began to operate on a lady, aged forty-one, for the removal of a scirrhus of the mamma. After examination of the heart, which was found normal, they commenced administering chloroform; but the cardiac action becoming very excited, a mixture of chloroform and ether was used. She was some minutes going under the influence, but there was scarcely any struggling, and the pulse was full, though jerky. He had not finished the incisions round the tumor when she suddenly became livid and the pulse ceased. Artificial respiration was begun, the tongue drawn forward, and strong ammonia applied to the nostrils, without avail. He immediately jumped on the bed, and seizing her legs, raised the body, allowing the head to touch the bed. In a few seconds, the color returned to the lips, and the pulse to the wrist. Artificial respiration was soon resumed; hot water applied to the region of the heart; and she became sufficiently conscious to speak and to swallow some brandy and ammonia, soon, however, relapsing, pulse and respiration ceasing again. He again reversed, with the same result; but in a short time the syncope returned, and after applying the battery without success, he again reversed, and this time with a satisfactory result, as he was enabled, by the use of the battery and ammonia, to establish reaction.

He considers his case worthy of record, as the successful termination was clearly due to reversing the body, it being impossible, apparently, to stimulate the nerve-centres by any other means; and it is a method of treatment which, he thinks, is not used so often as it deserves to be, judging by the reports of such cases, as he only remembers having seen it mentioned in one instance, and it is one so easily and quickly adopted.

Neuralgia Caused by Exostosis.

A lady suffered from intense neuralgia in the region of the second and third branches of the trigemini; especially during mastication, the pain in the right superior maxillary bone was so violent as to force the lady to chew only on the left side of her mouth. These neuralgic attacks, which were really very severe, had existed for several years. As the patient had besides been several times the victim of inflammation of the right external meatus, Dr. Moos, who attended her, and who reports the case in the *Berl. Kl. Woch.* 8, 1884, inquired further into the history of the neuralgia, and found that it always seemed to

start from a definite point in the same meatus. Ocular inspection revealed the presence of a small exostosis of the size of a split pea in the meatus. There were two other exostoses in this passage, both anterior to the one first-mentioned, but Moos soon discovered that the posterior one was alone sensitive. This exostosis was, therefore, removed with the straight chisel, and the pains at once ceased, and have since, nearly ten months, not returned. As a remarkable fact may be mentioned, in conclusion, that while the pain specially affected the second branch of the nerve, it started in the third, upon which the pressure was exerted by the exostosis.

It is not in all neuralgias that we can find a starting point. But we should always look for one; and if determined, it will generally be observed that some new growth exerts pressure on the nerve. This new growth may either be a tumor or the product of inflammation, as thickening and swelling of adjoining tissues, or accumulation of matter, as is frequently noticed in cases of a carious tooth, where a small abscess forms at the root of the tooth and causes the neuralgia by tension, *i. e.*, pressure upon the nerve.

Carbolic Acid Injections of Piles.

Dr. Wm. F. Fleet writes to the *Therapeutic Gazette* for May, 1884, that he has been using the hypodermic treatment for piles for the past four or five years, and with universal success. The second case he had was a physician from Middlesex county, Virginia. He attacks only one pile daily, and where there are five or six piles, it sometimes happens they are relieved by injecting every alternate one; but it is safest to attend to each one in turn, and thus effect the entire removal of all. In this doctor's case he had had a bad prolapsus of the rectum, and had used sundry instruments and appliances to remedy his trouble, but none of them afforded him any relief. The rectum was promptly relieved at the last operation, and he returned home at the expiration of a week a sound man, so far as his piles and prolapsus of the rectum were concerned. He reported about twelve months afterwards as still relieved, and no return whatever of hemorrhoids or prolapsus. In very large tumors, it may be necessary to inject them two or three times before the circulation is cut off. He varies his prescription a little, according to the case for treatment:

R. Carbolic acid crystals,	3ii.
Pure glycerine,	5ss.
Fluid ext. ergot (fresh),	5iii.

M. and use in syringe from 5 to 6 minims at

each injection. He sometimes adds a fractional part of a grain of tannin, if there is not a prompt coagulum in the pile.

Influence of Narcotics on the Space-Sense of the Skin.

At the second Medical Congress, held April 20, 1884, at Wiesbaden, Dr. Rumpf gave an interesting lecture on this subject. He had experimented with a number of drugs, and made the following observations:

Within from six to eight minutes after a hypodermic injection of $\frac{1}{8}$ to $\frac{1}{4}$ of a grain of muriate of morphia, a decided diminution of the space-sense was observable over the whole body, reaching within one hour its maximum, but still noticeable after the lapse of twenty-four hours. Near the place of injection the morbid appearance was by no means greater than at any other part of the body; the peripheral irritation, besides being a minimum, and simply due to the presence of a salt solution. Chloral hydrate exerted much less influence in this respect; alcohol reduced the sensibility especially in the lower half of the body; bromide of potash had a very great effect; extract of hyoscyamus a very small one; cannabinum tannicum diminished the sense of space decidedly; while caffeine was the only drug which doubtless increased it.

These observations permit a two-fold explanation. There either exists a special centre for the sense of space, or some of the conductory fibres of common sensation must possess the special faculty of conducting only space-impressions. Strictly limited morbid lesion can alone decide this mooted question.

Chancre of the Tonsil.

Dr. R. W. Taylor concludes a paper on this subject in the *N. Y. Med. Jour.*, May 24, 1884, by giving the following diagnostic points:

1. The details of the mode of infection, either from syphilitic sores, primary or secondary, chiefly about the mouth or face, and mostly by kissing; from infection by some article, such as a nursing-bottle, cigar, pipe, cup, or the like; or from indulgence in bestial practices.
2. The slow, unilateral development of the chancre, with corresponding gland and ganglion enlargement, so well marked.
3. The limitation of the lesion to the affected side.
4. The difficulty in deglutition, and even pain, which is referred to one side.
5. The history of the evolution of the syphilis,

the absence of chancre from other parts, especially the genitals, and the much less indurated condition of the ganglia seated elsewhere. Those that are seated at a distance may not be affected until near the date of the evolution of secondary manifestations.

The Induced Current in Parturition.

Before the Obstetrical Society of London (April 2, 1884,) Dr. Kilner read a paper on this subject. The effects of the current were the relief of pain, prevention of fatigue and *post-partum* hemorrhage, equalization of the pulse, increase in frequency and strength of the uterine contractions, and the prevention of vomiting. The pain from stretching of the vulva was, however, not alleviated by it, nor did it to any extent relieve pain in cases of instrumental labor. The author now employed the coil in nearly all cases. In about three hundred cases, *post-partum* hemorrhage only occurred twice. The coil sometimes failed to increase uterine contractions when most needed. After its use for an hour or an hour and a half, it exercised its sedative action, and no longer increased the contractions. In some cases it produced violent and almost continuous contractions. In one case a contraction lasted fifteen minutes. No prognosis with regard to these points could be made. It had no effect in diminishing after-pains. It generally prevented or stopped vomiting.

Adenoma of the Liver.

A patient suffered from pain in the right hypochondriac region and a general decline in health. A soft circumscribed tumor was discovered in connection with the liver. The post-mortem examination showed a tumor in the greatly enlarged right lobe of the organ. The new growth had its own capsule, and was perfectly separated by it from the neighboring areolar tissue. Its interior consisted of a cavity of the size of a child's head, and filled with blood. The microscope proved the tumor to be an epithelial new formation, whose elements were arranged similar to the type met with in tubulous glands, and which, besides being in direct connection with the bile ducts, was filled with blood.

Take Care of Patent Purgative Pills.

A man, *et.* 46, had suffered for a long number of years from tonic spasm of the stomach (tonic gastralgia). He at last died in such an attack. Drs. Dujardin-Beaumez, and W. Cettinger, who report the case in the *Union Med.*, 1884, pp. 15

and 18, found dilatation of the stomach to have been the cause of the spasms, and they agree with Kussmaul, that this morbid condition was induced by rapid thickening of the blood and the drying of nerves and muscles, due in this case to violent diarrhoea following the use of so-called Swiss pills, a patent medicine greatly used by the people in Germany and France.

We have had in our charge two cases, in whom the first symptoms of gastralgia developed itself after the use of patent purgative pills. Sapiienti sat, or as a German proverb says: Wer nicht hören will, muss fühlen (who don't want to listen to advice must suffer pain).

Jequirity.

This drug has been so highly vaunted, and so much discussion has taken place as to the nature of its active agent, that we feel bound to keep our readers informed of all that is published on the subject. Therefore we note from the *Jour. Am. Med. Ass.*, May 17, 1884, that Dr. T. E. Murrell read a paper on this drug before the Arkansas State Medical Society, which thus concludes:

1. The specific action of jequirity depends on some property peculiar to the bean itself, and not to the bacteria, which accidentally develop in the infusion.
2. There is a preservative principle in the bean which resists decomposition to a remarkable extent.
3. The infusion of jequirity is inimical to the successful development of bacteria, and restrains their multiplication.

New Method of Coloring.

In the *Fortsch. d. Mediz.*, II. No. 6, we find the following new method of coloring for the central nervous system: The slices of brain or spinal cord are kept for one or two hours at 35 to 45°C. in a solution of hematoxylin, then washed in distilled water and decolorised in a borax-ferro-cyanide of potash solution. When the slices have been left in this last solution for a sufficiently long time, the difference in the appearance of the gray and white substance becomes very great; besides, this method has the other advantage of showing plainer than any other the course of fibres in the gray substance.

Radical Operation for Congenital Hernia.

In his communications from the Royal Surgical University clinic in Berlin, Dr. A. Zeller (*Centrbl. f. d. Med. Wiss.*, 1884, No. 21, p. 367), reports the full history of six operations, which disprove

the correctness of Kraske's opinion, that in cases of strong adhesion of the seminal cord and its vessels the radical operation for scrotal hernia could not be performed without simultaneous castration. In three cases the hernial sac was partially extirpated, and the hernial neck later closed by internal suture, according to Czerny's method. In two of the cases a permanent radical cure was the result. Like other surgeons, Zeller also insists upon his patients wearing a truss for a certain period of time after the operation has been successfully performed.

Z.'s reports are of paramount importance, as they demonstrate the feasibility of a radical cure, even under the circumstances mentioned, without castration being necessary.

Cinnamon Bark for Tooth-Ache.

In the *North Carolina Med. Jour.*, April, 1884, Dr. J. R. Irwin writes that one of the best and most pleasant things that can be used to relieve this painful state of the dental nerves, is chewing cinnamon bark. It destroys the sensibility of the nerves and suspends the pain immediately, if the bark is of good quality. After repeated trials, and in different cases, he is convinced that it is generally as efficacious as any of the other remedies, suggested for odontalgia, and not attended with the unpleasant consequences of creasote, carbolic acid, etc., which relieve the pain, but leave the mouth as sore and painful as the tooth was previously, though these results are usually due to carelessness in using.

Occurrence of a Rare Human Tapeworm (*Tænia Flavopunctata*).

Dr. Joseph Leidy, of the University of Pennsylvania, describes in the *American Journal of Medical Sciences* for July, 1884, the *tænia flavopunctata*, a rare human tapeworm, which has now been observed for a second time, both cases occurring in this country and infesting children. It is not improbable that the species is more common than the observations would warrant us in believing, for from the smallness of the worm and the generally prevailing ignorance of the distinctions in the more common species, it might readily be passed for immature portions of these.

How to Prepare a 1 to 1,000 Solution of Corrosive Sublimite.

In view of the extensive use of this agent as an antiseptic, it will be interesting to note that Sir Joseph Lister writes to the *British Medical Journal*

(May 24, 1884), that one drachm by weight of a solution of one part of corrosive sublimate in one and a half parts of glycerine contains two-fifths its weight, or twenty-four grains of the sublimate. This, multiplied by 1,000 (the proportion of water required), gives 24,000 grains, which is very nearly three pints. It is, however, much more convenient to use fluid measure than weight, and a fluid drachm of glycerine solution referred to requires four pints of water to produce the 1 to 1,000 solution.

CORRESPONDENCE.

Alkalinity of the Stomach.

EDS. MED. AND SURG. REPORTER:—

E. Chenery, M. D., in his very instructive answer to G. W. S., gives us information as to the cause of certain gastric disorders which it would be well to impress upon the mind of every medical practitioner. That some of the most intense pain which we have to encounter is caused by irritability of the stomach, which is due to the neutralizing influence of the regurgitated alkaline bile, is a fact of which my experience has for several years since been very convincing. Dr. C. has put the cause of these disorders very plainly to the readers of the REPORTER; and if it can be deemed admissible to add further confirmation to the facts set forth by your distinguished correspondent, I will, by your consent, relate briefly the following cases, with the hope of adding by way of experience to the arguments already produced.

Case 1. Mrs. B., a young lady of good constitution and regular habits, came into my care June, 1881. She had been suffering the two years previous to this time with supra-orbital neuralgia in its most intense form, the paroxysms had grown more frequent and intense from the beginning, and the last six months previous to the time I was called to see her she had been confined to her room and bed more than half of the time. Her appetite was poor, her strength and flesh very much reduced, bowels constipated, tenderness and frequent gripping pains in pit of the stomach, constant nausea during the paroxysm, which would usually terminate with bilious vomiting. She informed me that as soon as she could vomit freely she would get relief; the tongue was very red, papilla prominent. Morphia had been given with relief in the start, but latterly failed to check the pain, which was the most agonizing and intense I ever witnessed. I considered the neuralgia symptomatic of the gastric disorder, and directed my treatment to that organ. Muricatic acid, pepsin, and tinc. ipecac, were given for the stomach, two drops each of fl. ext. nux vomica and belladonna were given once daily, and a mild cathartic occasionally to overcome the constipation.

This treatment was continued, with slight variations, as symptoms required, for two months. Since then my patient has suffered very little with neuralgia or trouble with her stomach. With a well-regulated diet, consisting largely of

fruits, she tells me she enjoys excellent health; but if she allows her bowels to become constipated, her old symptoms return, in a modified form.

Case 2, et. 30, male, called me to his relief on the night of April 12, 1884. I found him suffering very intensely with a griping pain in the pit of his stomach. Gave morphia, and left him for the night. On the following day ascertained the following history and conditions: Since November, 1883, has had recurring attacks of gastric pain of a very severe character at intervals of from one to six days, the pain lasting from a few minutes to several hours; the bowels slightly constipated, for which blue pill had been given in purgative doses at intervals, when it seemed to be indicated, and it would be followed by marked relief for a few days, but did not seem to exert any preventive influence over the recurring pain, as the attacks had continually occurred more frequently. The tongue was broad, relaxed, and very red. Appetite poor; frequent gastric disturbances after eating. On several occasions the sclerotics and cutaneous surface presented a well-marked jaundiced appearance, which led his attending physician to suspect biliary calculi, for which he had been taking treatment previous to the time I first saw him. I considered the case as one of irritability of the stomach due to the destruction of the natural acids of that organ, and prescribed muriatic acid and bitter tonics to restore the gastric functions, and a pill composed of small doses of *nux vomica*, belladonna, and podophyllin, to relieve constipation. The gastric pain has not returned since the first night I was called to treat it, and the patient's general condition has steadily improved, and he now feels better than he has for a year, and is taking no medicine at all. I have treated a number of cases somewhat similar to those related on the same principles, with like results, and feel thoroughly convinced that the theory is correct and the treatment successful.

I will say, in conclusion, that I would like to hear from others on this subject.

J. H. MOORE, M. D.

Mt. Sterling, Ky., July, 1884.

Laryngo-Tracheotomy, After Apparent Death, with Recovery.

EDS. MED. AND SURG. REPORTER:—

June 16, at 5:30 p. m., I was called in great haste to the dental rooms of Dr. V. B. Pool, where I found that while extracting a bicuspid tooth from the mouth of his little six-year-old niece, the tooth slipped from the forcep and passed into the throat. I found the child with very difficult breathing. I immediately passed an instrument into the œsophagus to see if it had passed there, and found that it had not. I then made examination sufficient to satisfy myself that it had passed into the trachea, and told the doctor and mother that the tooth would have to be cut out. I immediately called counsel. The counseling physician thought it not practicable to operate, as he thought the tooth had passed into one of the bronchi; also, he would not operate without using chloroform. Not being satisfied with his decision, I immediately sent a messenger for Dr. J. H. Hutchins, who was four miles in the country. The doctor arrived one

hour and a half from the time I first saw the child. Just as Dr. H. entered the room, the child collapsed. Pulsation and respiration ceased; but Dr. H. thought we had better operate; so I obtained consent of the mother, and we immediately operated, Dr. Hutchins using the knife. An incision was made exactly in the middle line, extending from just above the cricoid cartilage, about two inches toward the sternum, the subcutaneous tissues were carefully cut through, avoiding the inferior thyroid vein. The trachea being reached, an incision was made severing part of the cricoid cartilage, and the two upper rings of the trachea. Fortunately, the incision was made right over the tooth, which was immediately removed, and work began to try and resuscitate the child. Artificial respiration was kept up for about twenty-five minutes, when the child gasped. We continued work for about five minutes, and had the satisfaction of seeing the child breathe through the opening. There was but little hemorrhage. The wound was left open for twenty minutes, until all hemorrhage had ceased. We then introduced three silk sutures through the skin, leaving the incision through the trachea as when it was made. The child was then placed in bed, and carbolized gauze placed over the wound. When the child would attempt to speak, for about four hours afterward, the air would pass through between the sutures. She slept well that night, and on the following morning drank some milk, and twice through that day took liquid food. From the time the operation was performed until the child was discharged, there was no rise in temperature. The wound healed almost entirely by first intention. In five days, at which time the sutures were removed and new adhesive strips applied, the child had recovered complete control of the voice. During the operation the child did not move a muscle, and for twenty minutes afterward there were no signs of life.

Now, the question comes in, When is it too late to operate? and how long should artificial respiration be kept up, and other means to try and restore life?

E. M. KEYS, M. D.

Hampton, Iowa.

The Dictum of Authority.

EDS. MED. AND SURGICAL REPORTER:

The following case is only one amongst many others of degeneration of tissue, and in itself of no particular value; but as illustrating the wisdom attached to position, it is, I think, worth a good deal.

Mrs. —, 51 years of age, of healthy parentage, mother of several children, was confined with her last child some six years ago. There was nothing remarkable in her confinement, and her health was good as usual till within the last year, when she complained of pain in lower abdomen, particularly in left inguinal region. On the 22d day of last February, Dr. —, her family physician, was called to see her, and after a few visits, regarding the case of much gravity, he asked for a consultation, which was had, and a cancerous tumor diagnosed, was touched per vagina and rectum. The case still growing worse, another consultation was had with another physician, and the former diagnosis confirmed. As medication

was still futile, Professor —, of considerable surgical celebrity, and of a neighboring city, was called to see the case. His opinion, after careful exploration, was that her last pregnancy was twins, one dying during gestation, and somehow becoming encysted and retained at parturition. Then quietly in the lapse of years burrowing its way through the wall of the uterus into the abdomen, and without any constitutional symptoms whatever (for this woman was a farmer's wife, doing the work of a farmer's wife till last February), finding its way low down into abdomen, projecting into pelvis, and misleading the attending physicians and his consultants with the idea of a tumor. And so sure, says the family physician, was the Professor of his diagnosis, that he only failed to operate then and there for want of instruments.

Now another consultation was had, with one of the attending physician's former consultants, *when they too could outline a fetus, touching fontanel and orbits, and perhaps a rib.*

Well, this poor woman died, and on the 22d of last May a post-mortem was held in presence of eight of the neighboring physicians. The case had become notorious, hence this array of professional talent. On opening the abdomen we found an enlarged and degenerated left ovary, much plastic matter had been effused, binding ovary to upper portion of rectum, and by pressure so obliterating cavity of gut as to prevent a proper motion of bowels.

L. G. HARLEY, M. D.

Apple Creek, Ohio, June 3, 1884.

Muriated Ingluvin.

EDS. MED. AND SURG. REPORTER:—

I have been using for a long time two preparations of ingluvin, and have them prepared in the following manner: I order four ounces of the dried lining membranes of the chickens' gizzards to be reduced to a coarse powder, and macerated for twelve days (in a wide-mouthed, glass-stoppered bottle) in twelve ounces of diluted muriatic acid, made of the chemically-pure acid, and agitated once every day or two until the end of the twelve days. It is then allowed to settle, after which the liquid is carefully and entirely drained from the membranes and kept in a glass-stoppered bottle for use. This I call *muriated liquid ingluvin*, and it possesses a strong acid odor and taste, and presents a dark appearance. It keeps well, and I administer it in ten to twenty-drop doses in a half wine-glass of water before each meal; and of all preparations, I know of none that will change so quickly that condition of the stomach manifested by a habitually white-coated tongue.

After the liquid is drained off, I have the remaining macerated mass dried upon a sufficiently-heated slab or spread upon paper to be dried in the open air; and when well dried, I have it reduced to a fine powder, and also kept in a glass-stoppered-bottle. This I call *muriated powdered ingluvin*, and it likewise possesses a strong acid taste and odor, and a dark appearance. I give this in five to ten-grain doses, singly or in combination with bismuth, quinine, or iron, when the state of the digestive organs demands such combinations. These preparations are readily and cheaply made

and are pure and reliable. I use these with the greatest relief to my patients in all the various forms of the interruptions of the appetite caused by debility of the stomach and insufficient secretion of the gastric juice, causing what is known in ordinary language as chronic indigestion and atonic dyspepsia.

J. B. JOHNSON, M. D.

Washington City, D. C.

NEWS AND MISCELLANY.

Hygiene in Domestic Service.

A foreign exchange says: Every practitioner must have remarked the commonness of a certain type among the patients who come to consult him from the ranks of domestic service. We have chiefly in our eye female servants, for these especially exhibit the condition to be considered, though men and boys also, sooner or later, suffer in a similar way. The fagged and irritable heart, the watery but spastic pulse, atonic dyspepsia, and *malaise*, even apart from the evidence of a pasty skin and history of hard house-work, suffice for the diagnosis of *anæmia*. It is very common to find that the subjects of this condition have but recently come up from the country. They have exchanged the fresh air, regular hours of work and rest, and plain wholesome fare of their former homes or service, for the late work, the early waking, and the small unventilated sleeping-room of a city mansion. The relation between cause and effect is obvious. Hygiene is ignored and health suffers. What, then, is to be done? It is easy to point to the evil, but more difficult to devise its cure. We are convinced, however, that much could be accomplished by a reasonable exercise of common sense on the part both of masters and servants. More space, air, and sleep are required. By means of these the frame will be rendered fitter to meet and overcome the generally moderate fatigue of domestic service. With regard to air-space in servants' bedrooms, it should not be very difficult to allot a minimum of 800 cubic feet per individual. Less than this must lead to impairment of health. Ventilation can, as a rule, be maintained even in our capricious climate, if servants can be taught that the window may be kept slightly open at the top without danger from cold. A room without free communication with the outer air readily becomes impure, and is unfit for habitation; a window is a necessity. Seven hours sleep for men, and eight for women, are generally admitted to be no more than essential, and might, with but very moderate forethought, be allowed by masters and mistresses to their domestics. We have not spoken of recreation. It is often difficult alike for servants and for comparatively independent persons to make due provision for this important factor of health. Something has, no doubt, been done by timely holidays. Measures like these which we have suggested must, if adopted, help and not hinder work, and must increase the well-being and just contentment of that large class on which every other class is, in so great a measure, dependent.

—Latin is a "dead language"—when an inexperienced drug clerk fools with it.

The Berlin Polyclinic.

Our correspondent, Dr. Ludwig Loewe, of the Berlin Polyclinic, writes us about this institution:

"Clinical courses, comprising all the different special branches for practical physicians, are held every month in the Polyclinic at Berlin (Germany), Coalstrasse 30. The courses always commence on the first week-day of the month. They last a whole month, and are held every working day.

"The number of participants is limited to six for every course. Should more than six apply for the same course, an extra or parallel course will be formed.

"To all those physicians wishing to perfect themselves in a special branch, the opportunity is given to serve three months as assistants in that particular branch. Those gentlemen having served as assistants will be allowed in appropriate cases to conduct the extra or parallel courses.

"We intend to elevate the Berlin Polyclinic to an international medical school for the improvement of physicians of every country. In order to have the courses conducted in foreign languages, assistantships will be conferred also to foreign physicians."

What Caused Hunter to Ligate an Artery for Aneurism.

The *College and Clinical Record* notes that none of the books tell how John Hunter was led to originate the operation of ligation for popliteal aneurism. Prof. Chapman gives the facts as follows, and in parenthesis some strong words about the anti-vivisectionists: "Hunter, finding the 'velvet horns' of a deer to be abnormally warm, tied the carotid artery; in a few days he was astonished to find the horns were as warm as ever. He at first supposed that he had tied the wrong vessel, and cut down on his ligation only to find that he had not made a mistake in identification, and that the carotid was still occluded; further investigation showed that a collateral circulation had been established—a thing practically unthought of before. Deductions from this experiment were what led him to believe that the femoral artery could be tied without exsanguinating the limb, and he caused the experiment to be performed on a live dog, with success. After these experiments he performed the operation on a coachman, in 1787, in St. George's Hospital, on the walls of which still hang the deer horns, which, in John Hunter's hands, were the means of incalculable good to mankind."

The Power of a Board of Health to Prevent the Keeping of Pigs.

A Board of Health in an English town not long since passed a regulation forbidding the keeping of any pig within fifty feet of a dwelling-house. This naturally caused a small tempest among the Irish population, and a suit was brought to restrain the Board from enforcing the regulation. In defence to this suit it was alleged that they had power to prevent the keeping of animals on premises where they would be injurious to health, and that they had not exceeded their powers. The court did not take this view, however, but

decided that the regulation was too broad, and could not be sustained.

Urinary Test Papers.

The firm of Messrs. Parke, Davis & Co. have devised a very neat case of urinary test papers, put up in convenient packages for carrying in the pocket. They are prepared according to the method proposed by Dr. Oliver, of England. (Price, 50 cents by mail.) We can recommend them as the most convenient that we have anywhere seen. They are accompanied by a test-tube and dropper, in a well-constructed box, containing a small pamphlet of instructions sufficient to acquaint the tyro with the mysteries of this simple yet extremely important diagnostic procedure.

The Beef Peptonoids.

Among recent food preparations, those which are called the beef peptonoids have taken a high rank as a form of easily-digested nitrogenous food. They have received praise as remarkably nutritious and as readily preserved without change, from such chemists as Atfield, of London, and Stutzer, of Bonn. Their high value depends upon the great quantity of digestible albuminoids which they contain.

A Useful Ophthalmic Test Card.

A new test card for myopia, hypermetropia, and astigmatism, has been devised by Dr. Wm. S. Little and lithographed by J. W. Queen & Co., of this city. It contains a number of novel features, and greatly simplifies the diagnosis of these conditions. A descriptive circular of instructions is added.

Items.

—In Calcutta during the month of April there were four hundred and eighty-six deaths from cholera.

—A child recently born, in West Troy, has three perfectly formed legs, the third protruding above the right hip.

—The Mississippi Valley Medical Association (Tri-State) will hold its next meeting in Springfield, Ill., in September, 1884.

—Prof. Gross never operates on menstruating women, if it is possible to avoid it. Oozing is apt to occur from the wound.

—In a letter to the *London Lancet*, April 26, five drops of tincture of cantharides is recommended for incontinence of urine.

—Dr. J. Sutherland, of Bedeque, P. E. I., reports a case of triplets. The children weighed 6, 6½, and 7½ pounds respectively. Mother and children all doing well.

—A favorite prescription of Prof. Da Costa, for the constipation of plumbism, is one drop of croton oil made into eight pills, of which one is given two or three times a day.

—Mr. Charles Adolph Würtz, the distinguished French chemist, whose name is particularly asso-

ciated with the progress of organic chemistry during the last half century, died very suddenly on the 12th of May last.

—Dr. W. C. Jarvis, of New York, recommends the trioxide of chromium, or chromic acid, for the removal of intra-laryngeal growths, especially papillary. It is best employed fused on the point of a probe, an instrument to act as a protector and guide may be used with it.

—Regarding skull fractures with great depression or comminution, Prof. Brinton teaches that the operation is not to be delayed for symptoms to appear. The operation *per se* is not dangerous, and brain symptoms have come on twenty years after the accident. This agrees with Prof. S. D. Gross's opinion.

—Dr. William H. Lopp, of Columbus, Ind., in his paper on Quacks and Quackery in Indiana in the Transactions of the Indiana State Medical Society of 1883, relates "that one of the bogus M. D.'s, in a case of erysipelas, stated to the patient that it was called 'airesipelas' because it traveled in the air—therefore was catching.

—At a recent meeting of the Philadelphia County Medical Society, Dr. Carl Seiler called attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. He has used it in a number of cases with much success. It is applied by simply painting it on the skin. The stocking may be prevented from sticking to the feet by rubbing some oil over the benzoin.

OBITUARY NOTICES.

DR. BENJAMIN WILLIAM DUDLEY.

At a meeting of the physicians of Lexington, Ky., held at the office of Drs. Skillman & Scott, the following was unanimously adopted:

"His professional brethren having heard, with feelings of deep regret, of the death of Dr. Benjamin William Dudley, which occurred in Lexington on Thursday, July 3, 1884, at ten o'clock, consider it eminently just and proper thus publicly to give expression to their esteem of him, and offer a tribute to his memory.

"Dr. Dudley bore the name, and was descended from a family illustrious in the annals of Kentucky surgery; and his being taken away at the age of forty-six years, in manhood's very prime, in the midst of professional success, blighted high hopes, and put to an untimely end a career of usefulness and distinction.

"After graduating at the Medical College of Keokuk, Iowa, and living a short time at Hamilton, Ohio, he removed to New York City, and engaged in active practice, where he had rare opportunities for observation and experience, and enjoyed the esteem and friendship of many of the most distinguished physicians and surgeons there, who will be grieved to learn that he has passed away.

"In 1872 he married, and two years later located in Lexington, the home of his ancestors, and there continued his professional labors until they were arrested by remorseless disease, and death closed his useful life.

"By that death the medical profession is deprived of an intelligent, competent, and useful

member, and the community of an honorable and worthy citizen.

"And it is our desire that a copy of the foregoing be transmitted, by the Secretary of this meeting, to Dr. Dudley's family, with assurance of our heartfelt sympathy and condolence.

"Also that the papers of Lexington and medical journals of Kentucky and New York and Pennsylvania be requested to publish them; and that as a further evidence of respect, we attend his funeral in a body.

"M. T. SCOTT, M. D., Secretary,

"H. M. SKILLMAN, M. D., Chairman."

JAMES PATTERSON CASSELLS,

Aural Surgeon, Glasgow, Scotland. It is with feelings of the most profound sorrow that we record the death of this most estimable physician and aural surgeon, who died at Glasgow, April 13, 1884, aged forty-eight years. With a constitution enfeebled by a railroad accident, Dr. Cassells was one of the most indefatigable workers in his department. His numerous contributions to medical journalism were known and read of all men. He was Chairman of the Section of Otology of the British Medical Association, Secretary of the Section of the International Congress which met at Amsterdam, and of the same which met at London. Dr. Cassells translated the work of Dr. Auther Hartmann, of Berlin, on Deaf-Mutism, but his crowning work was the opening of a distinct ward for the treatment of diseases of the ear in the Glasgow Hospital, and the translation and editing of the great work of Professor Adam Politzer, of the University of Vienna, of which the author states in a letter to the translator, "I have read it, and am very pleased with your translation of my work into English. Receive my thanks for the trouble and patience bestowed on it." Dr. Cassells was a member of the Royal College of Surgeons, England; Fellow of the Faculty of Physicians and Surgeons, Glasgow; Aural Surgeon to and Lecturer on Aural Surgery to the Glasgow Hospital; and one of the editors of the Archives of Otology, published in New York and Heidelberg.

QUERIES AND REPLIES.

Dr. B., of Pa., asks for reliable statistics of the relative frequency of acute pneumonia and pleurisy.

Dr. S. K., of Pa.—The proper pronunciation of the word is gyn-e-col-o-gy, the initial *g* as in *gin*. It is a piece of pedantry to introduce the hard sound of the Greek *gamma* into English words, when the analogy of our tongue is so strongly against it.

Dr. G. W. Johnson, of Illinois, writes to say that in answer to his inquiry about teniafuges, he received various suggestions, and finally settled on the oleo-resin of Koso as the most efficient. It is imported by various first-class drug houses.

MARRIAGE.

THORWARTH—MOORE.—At the residence of the bride's parents, May 22, 1884, by the Hon. G. W. Cooley, J. F. Thorwath, M. D., of Smith River, Cal., and Miss Dora E. Moore, of Ellensburg, Oregon.